



Membership Application

Date _____ Sponsor's Name _____

Name of Applicant _____

Name of Business _____

Business Address _____

Business Phone _____ Business Fax _____

Web Address _____ Email Address _____

Home Phone _____ Industry _____

Description of Business*: _____

*Any expansion of this business MUST be approved by PWPN Membership Committee.

Fees:

One time registration fee for new members - \$25

Annual Dues: \$60 per calendar year. First year dues are prorated monthly starting with the month your application is approved. Fees and dues are non-refundable.

Please make checks payable to PWPN.

Application Process:

1. You may attend meetings twice as a guest, then you are required to submit an application with fees if you wish to continue attending.
2. After the Membership Committee reviews your application, you will be notified of your membership being accepted or declined. Your check will be returned to you if declined.

Educational Background _____

Occupational Experience _____

Years in Business Represented _____

Is there anyone who could substitute for your business at a meeting? _____

Are you able to meet weekly from 7:15am to 8:30am? _____

What do you hope to give to and receive from this organization? _____

Do you belong to other networking groups or chambers? _____

Business Reference Name _____

Business Reference Name _____

Position _____

Position _____

Phone _____

Phone _____

Business Relationship _____

Business Relationship _____

Your Signature _____

Membership Committee Only:

Approved _____

Date Notified _____

Declined _____

Reason _____