



Women in Business Membership Update

NAME: _____
Last First Middle Initial

EMPLOYER: _____

TITLE/POSITION: _____

EMPLOYER ADDRESS/PO BOX: _____

WORK PHONE: _____ **FAX:** _____

PREFERED E-MAIL: _____

ALTERNATE E-MAIL: _____

HOME ADDRESS: _____

HOME PHONE: _____ **CELL PHONE:** _____

OKAY TO GET FLYER VIA E-MAIL: _____ YES _____ NO

OKAY TO GET NEWSLETTER VIA E-MAIL: _____ YES _____ NO

SIGNATURE: _____ **DATE:** _____

PLEASE MAIL TO: Women In Business
PO Box 264
Winona, MN 55987

OR FAX TO: (507) 457-3027
Attn: Angelique Flack