



Women In Business Membership Application

NAME: _____
Last First Middle Initial

EMPLOYER: _____

TITLE/POSITION: _____

EMPLOYER ADDRESS/PO BOX: _____

PHONE: _____ **FAX:** _____

WORK E-MAIL: _____

ALTERNATE E-MAIL: _____

HOME ADDRESS: _____

HOME PHONE: _____

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

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

SPECIAL INTERESTS: _____

SUGGESTIONS FOR PROGRAMS, SEMINARS, ETC. _____

WOULD YOU BE INTERESTED IN WORKING ON A SUB-COMMITTEE? IF YES, WHAT AREA(S):

Publicity _____
Newsletter _____

Special Projects _____
Sites & Menus _____

Programs _____
Membership _____

WOULD YOU LIKE A WIB NAME TAG? _____ YES _____ NO

Name (as you would like it to appear): _____
\$4.00 (pin back) _____ \$5.00 (magnet back) _____ PAID: _____ YES _____ NO
(Please include payment with your request, as nametag will not be processed until payment is received)

SIGNATURE _____ **DATE:** _____

PLEASE MAIL TO: Women In Business
PO Box 264
Winona, MN 55987-0264

Or Fax to: (507) 457- 3027, Attention: Angelique
Or Email: wibmembership@mail.wibwinona.net