



MEMBERSHIP APPLICATION

Name _____
 Title _____
 Company _____
 Address _____
 City/State/Zip _____
 Phone _____ Fax _____
 e-mail _____

We often use broadcast fax to communicate with our membership in a timely manner.
 Please indicate fax availability.
 Night faxes okay Please fax only during office hours Use postal mail only.

Business Information

Type of Business _____
 Percent of Business Ownership _____
 Number of full-time employees _____ Part-time _____
 Do you do any business internationally? Yes No
 Year Business Started* _____

Membership Dues

Membership in Women Business Owners Network is recorded in the name of the individual, not the organization. ***Upon joining, "New Members" will pay pro-rated dues (\$10/month to the start of our annual year, September 1), with dues subject to change. Membership dues are non-refundable and are due annually on September 1. We are required to advise you that your dues are not deductible as a charitable contribution for Federal Income Tax purposes. In compliance with the Omnibus Budget Reconciliation Act of 1993, it is estimated that 99% of the payment is deductible as a business expense.***

Annual Dues: \$120
 Entrance Fee: \$ 25
TOTAL ENCLOSED: \$145

Return completed application and payment to:
 Women Business Owners Network
 P.O. Box 85323
 Lincoln, NE 68501-5323

Check enclosed (Payable to Women Business Owners Network)

How did you find out about Women Business Owners Network? _____

If a current member encouraged you to join, please name the member: _____

I'm interested in serving on a committee. I am particularly interested in _____.