

UPTOWN MIDLAND BPW - MEMBERSHIP FORM

NEW MEMBER (\$60)
 STUDENT (\$45)
 COMPANY PAID
 SELF PAID
 ONLINE PYMT
 CHECK PYMT

RENEWAL (Please note any contact information changes below, including email)

Name:		Today's Date: / /
Month/Day of birth: /		
Current employer:		
Position:	How long?	

Primary Contact Information (Please indicate location of information)
 HOME
 BUSINESS
 OTHER_____

Primary Address:

City:	State:	ZIP Code:
E-mail:		Fax:
Phone (Please indicate type) : <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business		() -

Secondary Contact Information (Please indicate location of information)
 HOME
 BUSINESS
 OTHER_____

Secondary Address:

City:	State:	ZIP Code:
E-mail:		
Phone (Please indicate type) : <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business		() -

HOW DID YOU HEAR ABOUT BPW?

<input type="checkbox"/> BPW Member	Member Name:	
<input type="checkbox"/> BPW Event Which one?	<input type="checkbox"/> Flyer	<input type="checkbox"/> Other _____

WE INVITE YOU TO GET INVOLVED AND GET TO KNOW THE MEMBERS: PLEASE INDICATE YOUR INTERESTS

<input type="checkbox"/> Bylaws	<input type="checkbox"/> Individual Development	<input type="checkbox"/>
<input type="checkbox"/> Community Outreach	<input type="checkbox"/> Legislation	<input type="checkbox"/> Program organizer
<input type="checkbox"/> Finance	<input type="checkbox"/> Membership	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Networking	<input type="checkbox"/> Scholarships
<input type="checkbox"/> Hospitality	<input type="checkbox"/> Newsletter	<input type="checkbox"/>

BPW POSITIONS OF INTEREST (SEE WEBSITE FOR POSITION DESCRIPTION)

<input type="checkbox"/> President	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Director
<input type="checkbox"/> Vice President	<input type="checkbox"/> Secretary	<input type="checkbox"/> Committee chair

Other organizations you are or have been a part of:

~ FOR BPW MEMBERSHIP COMMITTEE PURPOSES ~

Membership dues rec'd on (date): / /	Form of payment: Online Check Other_____
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I certify that all information provide here within to be true and correct.

Signature of applicant:	Date:
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