

## UPTOWN MIDLAND BPW - MEMBERSHIP FORM

**Individual member (\$50)**    
 **STUDENT (\$35)**    
 Premium member (\$100)    
 Elite Membership (\$500)    
 Corporate (\$1000)

**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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