



Date _____

Please check one:

New Membership Membership Renewal

Individual Membership - \$75

Individual memberships allow one representative from your business to join Women of Waco, advertise on our website & attend our monthly meetings.

First Name _____ MI _____ Last Name _____

Address _____

City _____ State _____ Zip _____

(Please only provide address if you would like your business location information displayed publicly on the Women of Waco website.)

Phone (Office) _____ Phone (Cell) _____

Website _____ Email _____

Fax _____ Birth Date _____

Company Name _____

Job Title _____

Industry Category or Title (listing for website) _____

Who referred you to Women of Waco? _____

Would you be interested in volunteering to help on a Women of Waco Committee? Yes ___ No ___

Marketing Committee ___ Membership Committee ___ Visitor Committee ___ Philanthropy (CWJC) Committee ___

Are you interested in Sponsoring a meeting? (\$20) Yes ___ No ___

Are you interested in being the Program Speaker? (Free) Yes ___ No ___

Enclosed are my annual dues of \$75 (if join Jan-June) \$40 (if join July-Dec) Payment Method Cash ___ Check ___

I have provided my business card artwork for my scrolling ad on the Women of Waco website.

Received by _____

Membership Start Date _____