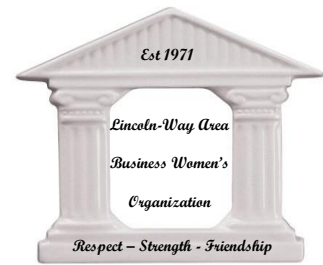


Lincoln-Way Area Business Women's Organization



NEW MEMBER APPLICATION

| MEMBER INFORMATION | | |
|---------------------------|-----------------|------|
| First Name: | Last Name: | |
| Address: | | |
| City: | State: | Zip: |
| Home Phone: | Cell Phone: | |
| E-mail Address: | | |
| Birth Month & Day Only: / | Favorite Color: | |
| Hobbies / Interests: | | |

| BUSINESS INFORMATION | | |
|---|-----------------|------|
| Business Name or Company you work for: | | |
| Address: | | |
| City: | State: | Zip: |
| Position Held: | | |
| Work Phone: | E-mail Address: | |
| Website: | | |
| Social Media Sites: | | |
| List any services you provide that you would like to be shown in the LWABWO handbook: | | |

PLEASE NOTE:

**Annual dues are \$30.00. Please make checks payable to LWABWO.
New Member Applications and checks may be submitted at any meeting,
or mailed to the address below.
Thank you for your support of the LWABWO.**

Date Dues Paid: _____ **by Cash** _____ **or Check#** _____