



Lincoln-Way Area Business Women's Organization

RESPECT | STRENGTH | FRIENDSHIP

Since 1971

Membership Application

Applicant's Name: _____

Mailing Address: _____

City: _____ State/Province: _____ Postal Code: _____

Home Telephone (area code first): _____ Cell: _____

E-mail address: _____

Birth Month / Day: _____ Favorite Color: _____

Hobbies/Interests: _____

Business Name or Company you represent: _____

Mailing Address: _____

City: _____ State/Province: _____ Postal Code: _____

Position Held: _____ Business: _____ Cell: _____

E-mail address: _____

Website: _____

Social Media Sites: _____

Please check the box(es) on which you might have an interest in serving. A chairperson will contact you.

- | | | | |
|---|------------------------------------|---|--|
| <input type="checkbox"/> Acts of Kindness | <input type="checkbox"/> Finance | <input type="checkbox"/> Membership | <input type="checkbox"/> Social Activities |
| <input type="checkbox"/> Program | <input type="checkbox"/> Publicity | <input type="checkbox"/> Public Relations | |
| <input type="checkbox"/> Other (please specify) _____ | | | |
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Annual dues are \$30.00. Please make check payable to LWABWO. New member application and dues may be submitted to any meeting, or mailed to the address below.

For use by Membership Committee:

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