



**Area Business Women's Network**  
**Serving Women in Business Since 1991**

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Nature of your Business: \_\_\_\_\_

Would you be interested in Sponsoring a Luncheon? If so, the cost is \$50.00 and you will have the opportunity to speak for 5-10 minutes at a luncheon and showcase your business or service.  
Yes Please \_\_\_\_\_ / No Thank You \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Name, Business Name, Website & Email Address will be published on the website and directory if received in a timely manner (unless otherwise instructed). All other information is strictly for ABWN use.* \_\_\_\_\_

Please print this completed application and mail with your individual membership fee of \$40 or corporate membership fee of \$100 (for 3 or more members of same company) by July 31, in order to be published in this year's Membership Directory. After September 1, your membership fee will be prorated by the number of months remaining in the membership year from the time of your application.

**Area Business Women's Network**  
**Attn: Membership**  
**PO Box 1053**  
**Decatur, TX 76234**  
**info@abwn.org**

*Membership Year is August – June annually*

*Additional contribution to the Kim Tinkham Endowment Fund* \_\_\_\_\_  
*Receipt available upon request.*