



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 minutes at a luncheon and showcase your business or service.
Yes Please _____ / No Thank You _____

Signature

Date

Individual Membership: \$50.00

Corporate Membership (3 ppl): \$120.00

Additional Team Members: \$35.00

Additional Businesses: \$35.00

Add'l contribution to the Kim Tinkham Endowment Fund: _____

TOTAL PAYMENT: _____

Membership Year is August – June annually

Please submit your completed application along with your membership fee by August 31st.

Additional Business Names (if applicable):

Name: _____

Business Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Additional Business Names (if applicable):

Name: _____

Business Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Additional Team Members (if applicable):

Name: _____

Business Name: _____

Phone: _____ Email: _____

Additional Team Members (if applicable):

Name: _____

Business Name: _____

Phone: _____ Email: _____