



MEMBERSHIP APPLICATION

Today's Date _____

First Name _____ Last Name _____

Business Name _____

Type of Business _____

Address _____ City _____ Zip _____

Phone _____ Email _____

Fax _____ Website _____

Business Description

Is this your second business with WBN? Y or N Is this a Corporate application? Y or N

Would you like to be listed on the WBN Website? Y or N Newsletter delivery: Email or USPS

Category1 _____ Category2 _____
(see our website for choices)

Your Title _____

Annual membership is \$80.00 (individuals) and \$160 (corporate) for the year. Your membership year begins when your payment clears the bank. Thanks!

Women's Business Network
PO Box 1412
Eugene, OR 97440

Date Paid _____

Check # _____

Received by _____

Amount _____

Route to: Treasurer, Membership, Newsletter Editor, Website, Greeter