



MEMBERSHIP & RENEWAL APPLICATION

Last Name: _____ First Name: _____ M.I. _____

Home Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Phone: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Email: _____

Position: _____

Birthdate: MM/DD _____ Hometown: _____

Former BPW Member: _____ Where: _____

Other Organizations: _____

Hobbies: _____

Other Places Lived: _____

Short Bio for Newsletter & Directory: _____

Select Level of Membership:

_____ **BPW/FL State and Local Membership** dues shall be **\$95.00** and are to be paid annually to BPW.

_____ **BPW/FL State and Local Membership** dues for retirees will be **\$75.00** and are to be paid annually to BPW.

Mail completed form and your check payable to **Business and Professional Women of Charlotte County** to:

c/o Jan Stephens

3704 Dominic Street

North Port, FL 34288

Phone: 941-726-0924

stephens420@gmail.com

Thank you and we are happy to have you as a new member!

Please bring your business cards and a door prize, if you wish, to our meetings to promote your business.