

# WOMEN'S NETWORK

## Membership Application

Welcome to Women's Network! Please tell us a little about yourself. The information you provide will be used for the Membership Directory and Newsletters.

**Please return this form to:**

Kate Stull, Director of Women's Network  
PO Box 1016, Columbia, MO 65205-1016.

MEMBER INFORMATION: (To become a member of Women's Network, your place of employment must be a member of the Columbia Chamber of Commerce)

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

Title: \_\_\_\_\_

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

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

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

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

Business City, State, Zip Code: \_\_\_\_\_

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

Did someone refer you to Women's Network? \_\_\_\_\_ If so, Who? \_\_\_\_\_

I AM INTERESTED IN THE FOLLOWING WOMEN'S NETWORK COMMITTEES (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Budget and Finance     | <input type="checkbox"/> Marketing and Communications |
| <input type="checkbox"/> Business Leaders Forum | <input type="checkbox"/> Membership Development       |
| <input type="checkbox"/> Changing the Odds      | <input type="checkbox"/> Monthly Program              |
| <input type="checkbox"/> Governmental Affairs   | <input type="checkbox"/> Special Events               |

DUES:

\$60.00 per year - If you are the Chamber representative for your business

\$75.00 per year - If you are not the Chamber representative for your business

PAYMENT INFORMATION:

- Check     Cash     VISA     Mastercard     Discover

CardNumber: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Do you have a professional picture? If so, email it to Kate Stull at [kstull@columbiachamber.com](mailto:kstull@columbiachamber.com). If not, may we take a professional picture of you? \_\_\_ YES or \_\_\_ NO. Is it OK for Women's Network to use your picture for publicity? \_\_\_ YES or \_\_\_ NO.

