



**BUSINESS AND PROFESSIONAL
WOMEN
of Washington State
MEMBER APPLICATION**



BPW MEMBERSHIP INFO

“Supporting Women Personally, Professionally, and Politically.”

Your membership in _____ BPW gives you access to meetings, networking and training opportunities through the local chapter as well as Washington State training programs and conferences. As a BPW Member you will have access to scholarships (local, state, and national), a competition for Young Careerist awards, specialized training through the Individual Development Program and leadership training programs and online resources at both State and National levels not to mention excellent, educational speakers. The tools you need to succeed! **Join BPW today...**

BPW MEMBERSHIP OPTIONS (After first prorated year, paid annually in May, due by June 1st)

- **Full Member of Local** - \$_____ - Joining through a local organization gives you access to meeting and networking opportunities in your area. \$_____ goes to your local chapter and \$60 goes to BPW Washington State (BPW/WA).
- **Student of Local / Military Member** - \$_____ - This category, offered to students of all ages, and those who have served our country in the armed forces. \$_____ goes to the local chapter and \$30 goes to BPW/WA. You must be enrolled as a student at a college OR have an honorable discharge from any branch of the US Military (proof required).
- **Dual Member** - \$_____ - Already a member of a local? Become a dual member! My Home Local is: _____

WE WANT TO KNOW ABOUT YOU

Today's Date: _____ Date of Birth: _____ (mm/dd)

Name: _____

Business Name: _____ Home Address: _____

Work Address: _____ City, State, Zip: _____

City, State, Zip: _____ Preferred mailing address: Work or Home (circle one)

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Fax: _____ Email: _____

Preferred Personal or Company Website Address: _____

PAYMENT AND CONSENT

Payment Method*: Check _____ Cash _____ Credit Card _____

Membership Choice: Full \$_____ Student / Military \$_____ Dual \$_____

* I understand that my membership fees are non-refundable (please initial). _____

I was referred by: _____

Signature below is an application for membership and unless otherwise documented, any photos or videos taken at a BPW Function can be used in advertising, including but not limited to printed media and on the internet. (If you do not consent to this, please do not sign.)

Name Date

Please turn in this form at the next membership meeting, or print and send by mail, or scan in and email to:

Enter the Local's Name: _____ BPW

Enter Treasurer or Membership Chair's Name: _____

Enter their Address: _____

Enter their City, State, Zip: _____

Enter their Email Address: _____

Enter their Primary Phone Number: _____

Welcome, and thank you for joining BPW!