



Membership Application

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

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Web Site: _____ Email: _____

Home Phone: _____ Other Phone: _____

Date Business Started: _____

Type of Business: _____

% Ownership: _____ Hrs/week: _____ # of Employees: _____

Education: High School College Graduate School Other

School and/or Major: _____

How did you hear about WBOM? _____

Description of Business (Please write on back for more space): _____

As part of my membership privileges, I volunteer to serve on the following committee(s):

- | | |
|---|---|
| <input type="checkbox"/> Programs - Meetings | <input type="checkbox"/> Programs - Events |
| <input type="checkbox"/> Membership - Acquisition | <input type="checkbox"/> Membership - Retention |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Directory | <input type="checkbox"/> Archives |
| <input type="checkbox"/> Finance | |

Signature: _____ Date: _____