

# BLACK WOMEN'S NETWORK — Resource Directory Update/Enrollment Form

NEW MEMBERSHIP: \$65.00

RENEWAL MEMBERSHIP: \$55.00

RETURNING MEMBERSHIP: \$65.00 (Lapse in membership)

PLEASE PRINT

DATE: \_\_\_\_\_  CHECK/CK#/AMT \_\_\_\_\_  CASH/AMT \_\_\_\_\_

(for office use) WELCOME KIT \_\_\_\_\_ RESC DIRC \_\_\_\_\_ PIN \_\_\_\_\_ CERTIFICATE \_\_\_\_\_ MBRSHIP CARD \_\_\_\_\_ ORIEN \_\_\_\_\_

(Note: The information you are about to disclose will be used in BWN Resource Directory which is intended for the exclusive use of BWN members only)

<b>First Name</b>	<b>Middle Initial or Name:</b>
<b>Last Name</b>	<b>Birthday:</b> Enter Month & Day _____ / _____
<b>Home Address</b> (Complete address for mailing)	
<b>City, State &amp; Zip code</b>	

<b>Home Telephone</b> (Area Code & Telephone Number) ( )	<b>Home Fax</b> (Area Code & Telephone Number) ( )
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<b>Yellow Page Listing</b> (Quick Reference of Occupation)	<input type="checkbox"/> [1] Arts, Entertainment & Photography	<input type="checkbox"/> [2] Beauty & Cosmetics	<input type="checkbox"/> [3] Communications
	<input type="checkbox"/> [4] Computers & Graphics	<input type="checkbox"/> [5] Construction & Household Services	<input type="checkbox"/> [6] Education & Motivation
	<input type="checkbox"/> [7] Fashion & Clothing	<input type="checkbox"/> [8] Finance & Insurance	<input type="checkbox"/> [9] Food & Catering
	<input type="checkbox"/> [10] Gifts, Floral, Party & Special Events	<input type="checkbox"/> [11] Health & Fitness	<input type="checkbox"/> [12] Legal, Notary & Paralegal
	<input type="checkbox"/> [13] Management & Consulting	<input type="checkbox"/> [14] Medical & Holistic	<input type="checkbox"/> [15] Mental Health
	<input type="checkbox"/> [16] Mobile Services	<input type="checkbox"/> [17] Public Relations, Marketing & Advertising	
	<input type="checkbox"/> [18] Real Estate Sales, Loans & Development	<input type="checkbox"/> [19] Spiritual & Religious	<input type="checkbox"/> [20] Travel & Leisure

<b>Company Name</b> (or Occupation)
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<b>Position Title</b>
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<b>Business Address</b> (Street Number/Name or Post Office Box)
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<b>City, State, &amp; Zip Code</b>
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<b>Business Telephone</b> (Area Code & Telephone Number) ( )	<b>Business Fax Telephone</b> (Area Code & Telephone Number) ( )
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<b>Expertise</b> (List areas in which you have experience or knowledge. Space is limited.)
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<b>Career Direction</b> (Indicate the position or career field that you are working toward.)
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<b>Interests</b> (Sports, hobbies, or other areas of interest)
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<b>Personal</b> (Include family information such as name of Spouse and/or children; or other information about yourself.)
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<b>E-Mail Address</b>
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<b>Referred by</b>	<b>MEMBER SINCE:</b>
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I will volunteer on the following Committee(s): (See Description of Committees On Back)

- Ways & Means     Membership     Community/Public Relations     Communications     Program     Conference

Please return completed form to:

BLACK WOMEN'S NETWORK - MEMBERSHIP COMMITTEE - Post Office Box 56106 - Los Angeles, California 90056-0106

Space is Limited, Please be Brief and Print Legibly