



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:
Liz Glockhoff, Director of Women's Network
PO Box 1016, Columbia, MO 65205-1016.

APPLICATION

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:

Business:

Business Address:

Business City, State, Zip Code:

Business Phone:

Business Fax:

Email:

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):

- Budget and Finance, Marketing and Communications, Business Leaders Forum, Membership Development, Changing the Odds, Monthly Program, Governmental Affairs, 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

Card Number:

Expiration Date:

Name on Card:

Signature:

Do you have a professional picture? If so, email it to Liz Glockhoff at lglockhoff@columbiamochamber.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.