

COLORADO BUSINESS WOMEN 2010 MEMBERSHIP FORM

CHERRY CREEK BUSINESS WOMEN'S NETWORK

APPLICANT INFORMATION

Name:

Home address:

City:

State:

Zip:

Phone:

Fax:

Email:

Cell:

Please indicate phone preference:

Work Home Cell

Please indicate email preference:

Home Work

BUSINESS INFORMATION

Current employer:

Title:

Address:

City:

State:

Zip:

Phone:

Fax:

Email (Required):

Website:

Bio: (who, what do you do?) 500 characters:

Industry, please select one:

Arts/Entertainment/Media
 Computers/Technology
 Banking/ Finance/Insurance
 Education
 Health Care/Medicine
 Beauty/Wellness

Human Services/Public
 Safety/Gov.
 Legal
 Manufacturing
 Marketing/Advertising/PR

Professional Services
 Real Estate/Construction
 Non Profit/Association

Retail/Wholesale
 Science/Research
 Travel
 Other: _____

HOW DID YOU HEAR ABOUT BPW?

Referred by member (Name):

Email Announcement Website Newspaper Word of Mouth Other (Specify):

Are you a: New member Transfer (Other BWN Organization):

YOUR INVOLVEMENT IS IMPORTANT TO THE GROWTH OF THE ORGANIZATION – PLEASE NOTE SPECIFIC AREAS OF EXPERTISE OR INTEREST YOU MAY HAVE IN SERVING ON THE FOLLOWING TEAMS.

Legislation
 Fund Raising
 Finance

Newsletter
 Membership
 Program(s)

Training
 Community Involvement
 Public Relations
 /Advertising

Scholarships
 Technology
 Young Careerist
 Partnership Building

Would you like to be part of an area speaker's bureau? Yes, Subject:

MEMBERSHIP NEW RENEWAL

Annual Associate
 - Colorado / Local

Trailblazer – Professional
 Apprentice – Attending post HS program
 Pioneer – > 65 years young

\$100.00
 \$ 50.00
 \$ 60.00

PAY BY CREDIT CARD, NUMBER: _____ EXP _____
 SIGNATURE _____

PAY BY CHECK, PAYABLE TO: CCBWN

MAIL TO: CHERRY CREEK BPW NETWORK, KARI MUNDSHAU, C/O STEELE STREET BANK, 55 ADAMS STREET, DENVER, CO 80206