



Tuolumne County Women's Network

MEMBERSHIP APPLICATION

Please circle one: **New Member** **Returning Member**

Thank YOU for your interest in the Tuolumne County Women's Network! We are thrilled to have you be a part of our membership! Please fill out this application COMPLETELY and EXACTLY as you wish your listing to appear on the TCWN Website. Without this information completed, we cannot guarantee you will be listed correctly in the Directory. **Please print clearly or type.** Sign and date the application at the bottom and return with the appropriate fees to: **Tuolumne County Women's Network**

PO Box 405, Standard CA 95373

Name: _____

Company/Organization: _____

Business Mailing Address: _____

City/Zip: _____

Primary Phone: _____

Secondary: _____

Web Address: _____

Business Email: _____

Personal Email *(not required)* _____

Birthday: _____

Please supply a 30-word bio for your directory profile

Please select up to two categories that describe your business.

- | | |
|---|--|
| <input type="checkbox"/> _Addiction Recovery | <input type="checkbox"/> _Advertising & Marketing |
| <input type="checkbox"/> _Appliances & Services | <input type="checkbox"/> _Advocacy |
| <input type="checkbox"/> _Art & Photography | <input type="checkbox"/> _Author, Presenter |
| <input type="checkbox"/> _Beauty Products & Services | <input type="checkbox"/> _Chiropractic Services |
| <input type="checkbox"/> _Clothing Design & Accessories | <input type="checkbox"/> _Communications |
| <input type="checkbox"/> _Computer Graphics & Services | <input type="checkbox"/> _Dental Services |
| <input type="checkbox"/> _Education | <input type="checkbox"/> _Event Planning |
| <input type="checkbox"/> _Financial Services | <input type="checkbox"/> _Food & Wine |
| <input type="checkbox"/> _Furniture & Design | <input type="checkbox"/> _Gifts |
| <input type="checkbox"/> _Health Services | <input type="checkbox"/> _Insurance |
| <input type="checkbox"/> _Legal Services | <input type="checkbox"/> _Massage Services |
| <input type="checkbox"/> _Printing | <input type="checkbox"/> _Real Estate & Mortgage Lending |
| <input type="checkbox"/> _Retired | <input type="checkbox"/> _Self Improvement & Coaching |
| <input type="checkbox"/> _Therapy Dog Services | <input type="checkbox"/> _Travel |
- OTHER _____

MEMBERSHIP DUES: \$40—January 1 through December 31

Member Profile Checklist

* Send a photo or professional headshot to our webmaster to complete your online profile (tuolumnecountywomensnetwork@gmail.com)

* Purchase a TCWN Name Tag by checking the box below and adding the fee to your application dues. Line 1 is your name, Line 2 is your business. Please note how you would like your badge to read:

Line 1. 1.

Line 2.

Cost: \$18.00 for name tag

TOTAL DUES & FEES:

Membership: _____

Name Tag: _____

TOTAL _____

General Membership: \$40

Corporate Membership: \$100—Corporate Membership is for up to 4 people from the same company to attend any meeting

Rotating Membership: \$40 - Rotating Membership is for 2 people from the same company to take turns attending meetings

Signature _____ Date _____

For Membership Chair Only

Check # _____ Amount \$ _____ Date _____