



Business and Professional Women of Lower Cape Cod
P.O. Box 1793, Orleans, MA 02653

Membership Application

Thank you for your interest in joining our organization. Please return this form with your check.

Name: _____ Date: _____

Address: _____

Occupation: _____

Employer: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Fax: _____

E-mail: _____

Please make check payable to "BPW" Amount due: \$45

We allocate funds as follows: Remit to: BPW Treasurer
State - \$21 / Local - \$24 P.O. Box 1793, Orleans, MA 02653

Please contact the treasurer should you need to make payment arrangements.

Please indicate your areas of interest in BPW:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Legislation | <input type="checkbox"/> Membership | <input type="checkbox"/> Bylaws Review |
| <input type="checkbox"/> Scholarship | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Young Careerist | <input type="checkbox"/> Individual Development |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Programs | <input type="checkbox"/> Community Service | <input type="checkbox"/> Finance Committee |
| <input type="checkbox"/> Woman of Achievement | <input type="checkbox"/> Mentoring a New Member | | |

We welcome your program suggestions / comments: _____

How did you hear about BPW? _____