



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

Renewal Membership Application

Thank you for your interest in renewing your membership. Please return this form with your check so that we may update our records with any changes to your profile.

*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 indicate your areas of interest in BPW:

- Public Relations Legislation Membership Bylaws Review
 Scholarship Fundraising Young Careerist Individual Development
 Newsletter Programs Community Service Finance Committee
 Woman of Achievement Mentoring a New Member

We welcome your program suggestions / comments: _____
