



**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:

- | | | | |
|---|---|--|---|
| <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: _____

