



MEMBERSHIP APPLICATION FORM

(please print and mail with your check)

Name (please print): _____ Company Name: _____

Job Title: _____ Web Address: www. _____

Co. Address: _____

Co. Phone: _____ Co. Fax: _____

Work Email: _____

How long in current position or related profession? _____

Home Address: _____

Home Phone: _____ Home Fax: _____

Home Email: _____ Cell Phone: _____

Please send mail to: Work Home Please email me at : Work Home

Hobbies: _____

Other groups to which you belong: _____

Birthday (mm/dd) _____ Today's Date _____

Please indicate your interest in:

Board Position Special Events/Programming Reception Membership

PR Newsletters Community Relations

Would your company like to offer a member to member discount? Yes Amount: _____ No

How did you hear about APB? _____

50-word description of your business (use as many keywords as possible) _____

Please make your check payable to APB (\$100) and mail to:
Association of Professional Businesswomen, 4474 Weston Rd. #276, Davie, FL 33331