



APPLICATION FOR MEMBERSHIP

Name:

Name of Business:

Address:

Business #: _____ Cell #: _____

E-mail: _____ Website: _____

Social Media addresses:

Please provide a brief description of your business: _____

How did you hear about our organization? _____

Why would you like to become a member of Tri-State Business Women?

Are there business topics/programs that you would like to see discussed?

Are there topics/programs that you would feel comfortable presenting?

Which of the following committees would you like to serve on?

- Communication/Media _____
- Membership _____
- Sunshine _____
- Events _____
- Nominating _____
- Programs _____