



MEMBERSHIP APPLICATION

CIRCLE ONE: New Member Renewal

Name: _____

MEMBERSHIP DUES (please check which apply)

- I am applying between September 1st and March 31st: \$50.00 per year.
- I am applying between July 1st and August 31st and would like to receive a \$5.00 discount.
- I am applying between April 1st and June 30th for that same year: \$25.00.
- Renewing members receive a \$5.00 credit for each new member they have referred (max 3).
 1. _____
 2. _____
 3. _____

NEW MEMBER INFORMATION

Renewals: please fill in any information that has changed in the last 12 months or skip to Involvement Preferences.

BUSINESS NAME: _____

ADDRESS: _____

HOME PHONE: _____ BUS PHONE: _____ FAX PHONE: _____

EMAIL: _____ WEBSITE: _____

BUSINESS DESCRIPTION: _____

HOW WOULD YOU LIKE US TO CONTACT YOU? (circle all that apply)

Home Phone Work Phone Email Cell Phone

BUSINESS CATEGORY (no more than 2 per paid membership)

INVOLVEMENT PREFERENCES

1. Are you Interested in serving on a Committee? YES NO

If YES, please choose:

Membership Newsletter Publicity Programs Woman of the Year Special Events

2. Would you like to help sign members in at least 1 monthly meeting this year? YES NO

3. Would you be interested in serving on the Board of Directors? YES NO

SUGGESTION BOX

1. Do you have a suggestion for meeting topics and/or speakers? _____

2. Other suggestions? _____

ADVERTISING (Please complete the ADVERTISING FORM separately)

Are you interested in advertising on the EEWN website, in the newsletter or printed Directory? YES NO

Mail this application to: EEWN, Attention Membership, P.O. Box 1227, Riverhead, NY 11901

EEWN
P.O. Box 1227
Riverhead, NY 11901