



Application for Networking Membership

Name: _____ Date: _____
Job Title: _____
Business Name/Ownership: _____
Business Address: _____
Business Phone: _____ Business Fax: _____
Home Address: _____

Home Phone: _____
Email Address: _____
Job Description _____

Professional/ Business Organizations:

Volunteering /Civic Activities:

Please list a sponsor that is currently a member of Chesapeake Women's Network:

Name: _____
Company: _____
Phone: _____

Annual Dues: \$50.00

Date Received: _____

Due Annually. Payable on or before November 1st.

Please mail check with application to: CWN

Post Office Box 62
Easton, Maryland 21601

CWN Welcomes your application. As per our policy, your application will be reviewed by the Board of Directors and you will be notified of your membership status. If you have any questions regarding this, please feel free to speak to any officer.