

BEDFORD PROFESSIONAL WOMEN'S ORGANIZATION

MEMBERSHIP APPLICATION

NAME _____

ADDRESS _____

EMAIL ADDRESS _____

HOME TEL _____ BUSINESS _____ MOBILE _____

BIRTHDAY _____

EMPLOYER _____

JOB TITLE _____

SPOUSE'S NAME _____

CHILDREN (IF APPLICABLE) _____

HOBBIES, SPECIAL INTERESTS _____

A WOMAN WHO INSPIRES YOU, AND WHY _____

WHAT INTERESTS YOU IN BPW? _____

SIGNATURE _____

SPONSORING BPW MEMBER _____

With this application for a one-year membership, please remit your check in the amount of \$60.00 payable to BPW and mail to: Rhonda Long 303 Springhill Cir Bedford VA 24523