

# Metro Women's Network Membership Application for 2008

**NEW MEMBER/RENEWAL** (please circle one)

*Due annually March 31*

**Please mail this form and your check to:**

Metro Women's Network  
C/O Sherri Johnson  
15210 Greenbelt Drive  
Urbandale, IA 50323

Date: \_\_\_\_\_

Referred By: \_\_\_\_\_

**Welcome! Please provide the following information for MWN's membership directory and mailing labels.**

Name: \_\_\_\_\_ Birth month/day: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Employer/Position: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail \_\_\_\_\_

**Please send correspondence to:**

Home: Address \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
Business: Address \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Membership fee:**

\_\_\_\_\_ **\$40 annually, January through December**

\_\_\_\_\_ Partial year prorated \$3.25 per month

\_\_\_\_\_ **Total paid** at this time by Check \_\_\_\_\_ Cash \_\_\_\_\_ (May pay cash at meeting – Do not mail.)

\_\_\_\_\_ Speaker Incentive *Free*

**Our goal is to serve our membership. Please indicate what you are looking for in Metro Women's Network (Check any that applies.)**

\_\_\_\_\_ Personal Enrichment \_\_\_\_\_ Business \_\_\_\_\_ Education  
\_\_\_\_\_ Social \_\_\_\_\_ Recreational Other \_\_\_\_\_

**Finally, to fully benefit from the advantages of networking please indicate the areas in which you would like to participate. Thank you.**

\_\_\_\_\_ Officer \_\_\_\_\_ Publicity Committee \_\_\_\_\_ Newsletter Committee \_\_\_\_\_ Membership Committee  
\_\_\_\_\_ Program Committee \_\_\_\_\_ Hostess/Greeter, Registration Table