



APPLICATION FOR CWN MEMBERSHIP

Name/Job Title _____

Business Name/Ownership _____

Business Address _____

Work Phone _____ Website _____

Home Address _____

Home Phone _____ Cell Phone _____

Email _____

Please check which address you want listed in our online Directory and which phone numbers to include

- ☐ ***Home***
- ☐ ***Work***
- ☐ ***Cell***

Job Description

Professional/Business Affiliations

Volunteer/Civic Activities

List two sponsors who are current members of the Chesapeake Women's Network:

1. Name _____ Company _____

2. Name _____ Company _____

___ YES ___ NO -- I want to receive emails from CWN about events and member announcements.

Two Membership Levels:

#1_____ \$55/yr Includes a donation to Scholarship Fund, name and business included in the CWN website directory and one free spotlight for you via social media post

#2_____ \$100/yr Includes Scholarship Fund donation, name and business included in the CWN website directory, name and logo on monthly newsletter, and one free annual spotlight for you via social media post

Please mail check with application to: **Membership CWN, P.O. Box 678, Stevensville, MD 21666**

Or you can pay by credit card and email application to cwnqac@gmail.com

Credit Card #: _____ Exp. Date: _____ Cvc _____

Signature: _____ Date: _____

CWN will contact you after your application is reviewed by the Board; this may take up to 30 days. I understand the membership responsibilities and agree to abide by the Code of Conduct as described in the CWN By-Laws, which can be found at <https://www.cwnqac.org/about>.

Signature: _____ Date: _____

Date application received: _____

Two valid sponsors: _____

Date dues received: _____

Amount received: _____

Date of BOD vote: _____

Result: _____

Date of renewal: _____

Welcome letter sent: _____