



APPLICATION FOR CWN MEMBERSHIP

Name/Job Title: _____

Business Name/Ownership: _____

Business Address: _____

Work Phone: _____ Website: _____

Home Address: _____

Home/Cell Phone: _____ Email: _____

Job Description: _____

Professional/Business Organizations: _____

Volunteer/Civic Activities: _____

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

1. Name: _____ Company: _____

2. Name: _____ Company: _____

Membership Fee: \$50.00 Due annually and payable on or before November 1st.

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

CWN will contact you after your application is reviewed by the Board; this may take up to 60 days.

Date application received: _____ Two valid sponsors: _____

Date dues received: _____ Amount received: _____

Date of BOD vote: _____ Result: _____

Date of renewal: _____ Welcome letter sent: _____