



CHESAPEAKE WOMEN'S NETWORK—Growth through cooperation

Date Received: \_\_\_\_\_ Renewal Date: \_\_\_\_\_  
Dues Paid/Date: \_\_\_\_\_ Sponsors (2): \_\_\_\_\_  
Dues Paid/Amount: \_\_\_\_\_

**APPLICATION FOR NETWORK MEMBERSHIP**

Name/Job Title: \_\_\_\_\_ Date: \_\_\_\_\_

Business Name / Ownership: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Job Description: \_\_\_\_\_

Professional/Business Organizations:

Volunteering/Civic Activities:

List at least (2) sponsors that are current members of Chesapeake Women's Network:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company: \_\_\_\_\_

Membership Fee: \$50.00

**Due Annually. Payable on or before November 1<sup>st</sup>**

Please mail check with application to: *CWN, P.O. Box 678, Stevensville, MD 21666*  
(You will be contacted after application is reviewed by Board. May take up to 60 Days)