

MEMBER INFORMATION	DATE		ZIP CODE/CITY/ STATE OF ALLIANCE:		ALLIANCE BASE OF CHOICE (I.E., , VALPO, LAKESHORE, SOUTHSORE, TRI-TOWN, MICHIANA, ETC):		
	NEW MEMBER NAME			HOW DID YOU LEARN ABOUT BWUN?			
	BIRTHDAY (MONTH/DAY)			Primary Business; _____		References: Please provide the name of at least two personal or professional references: 1) _____ 2) _____	
	INDUSTRY			Additional Business (\$50 additional if representing more than one business): _____			
	E-MAIL ADDRESS			*****			
	WEB SITE			SPECIAL SKILLS/INTERESTS/OR QUALIFICATIONS:			
	ADDRESS						
	CITY		STATE	ZIP	BUSINESS PHONE		OTHER PHONE

PAYMENT INFORMATION	PAYMENT METHOD: ALL FEES FOR BUSINESS WOMEN UNITED NETWORK ARE NON-REFUNDABLE. Check made payable to Business Women United, Inc. or PayPal to info@business-women-united.com. *					
	<input type="checkbox"/> \$119.00 Annual Dues Enclosed for single member and single location <input type="checkbox"/> \$259.00 Annual Dues Enclosed for multi-location rate (up to three (3) separate business locations – i.e., bank branches) <input type="checkbox"/> \$178.50 Annual Dues Enclosed for multi-member discount (up to two (2) members from same business – i.e., two from one bank) <input type="checkbox"/> \$ 65.00 Annual Dues Enclosed for one member not-for-profit rate (proof of eligibility) <input type="checkbox"/> \$102.50 Annual Dues Enclosed for two member not-for-profit rate (proof of eligibility) <input type="checkbox"/> \$ 50.00 Annual Dues Enclosed for Young Careerist (up to age 35) <input type="checkbox"/> \$ 55.00 Annual Dues for Golden Girls (65+) <input type="checkbox"/> \$ 65.00 Annual Dues Enclosed for New Entrepreneur (under three years in business) We will notify you of the acceptance of your membership no later than thirty (30) days upon receiving your application! Annual Dues Submitted to _____ on _____. *A small percentage of your annual dues are donated to Women in Bloom a 501(C)(3) organization serving underprivileged and underserved women, young female careerists, and female veterans.					

AGREEMENT	<p>I hereby certify that to the best of my knowledge the answers given by me to the foregoing questions and all the statements made by me in the above application are true and correct. I agree to the terms of membership. I understand that BWUN is not personally responsible or affiliated with the alliance members and cannot be held responsible for disputes between members and their companies. I understand that if I resign or if my membership is terminated with BWUN, my membership fees are non-refundable. I also hereby acknowledge that I will uphold the mission of BWUN and serve as an ambassador for BWUN by seeking out similar minded potential new members. The mission of BWUN is to, "Provide a renewing atmosphere for women to share, learn, and CONNECT personally.</p>					
	APPLICANT SIGNATURE _____ DATE: ____ / ____ / ____					

SEND COMPLETED, SIGNED APPLICATION TO:
BWUN, C/O NEW MEMBER APPLICATION, 1704 CALUMET AVENUE, 1ST FLOOR, VALPARAISO, IN 46383
1+888.323.5982 (PHONE)•1+888.441.2937 (FAX)•BUSINESSWOMENUNITED@GMAIL.COM (EMAIL)