



Membership Application

First Name: _____ M.I. _____ Last Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Web Site: _____ Email: _____

Home Phone: _____ Other Phone: _____

Date Business Started: _____ Type of Business: _____

% Ownership: _____ # of Employees: _____

Education: High School College Graduate School Other

School and/or Major: _____

Other Board Positions: _____ Other Interests: _____

Birthday _____ Anniversary _____

How did you hear about WBOM? _____

Description of Business (Please write on back for more space): _____

Recommendations/Remarks: _____

As part of my membership privileges, I volunteer to serve on the following committee(s):

- Programs – Meetings
- Membership – Acquisition
- Newsletter
- Directory
- Finance
- Programs – Events
- Membership – Retention
- Public Relations
- Archives

Signature: _____ Date: _____