

Stockton Women's Network

17 E. Sonora St., Stockton, CA 95203 • Voice Mail (209) 472-0359 Fax: (209) 946-9659

Individual Membership & Roster Application • Annual Dues: \$115.00

Individual Memberships are held by the individual, not by the business.
Membership is non-transferable and non-assignable. *SWN By-Laws, Article III, Section 8*

Last: _____ First: _____ MI.: _____

Birth Month/Day: ____/____ Nickname (you prefer to be called): _____ Spouse's Name: _____

Organization / Company: _____

Job Title _____

Business Telephone () _____ ext. _____ Home Telephone () _____

Faxsimile () _____ Voice Mail () _____

Cellular () _____ Other/Specify () _____

Business Address: Street _____ City: _____ Zip + 4: _____

Post Office Box _____ City: _____ Zip + 4: _____

Home Address: Street _____ City: _____ Zip + 4: _____

E-Mail Address: _____

Website: _____

Which address do you prefer to publish in SWN's membership directory? Please circle: Business • P.O. Box • Home

In order to complete this application, on separate paper, in 75 words or less, please write about yourself, your business, etc., for publication in the "Welcome New Members" column of the SWN newsletter. Thank you. Please email a color headshot photograph of yourself to: djm@1-11advertising or mail to the SWN post office box.

On which GENERAL COMMITTEE(S) would you be interested in serving? (Please circle as many as apply.)

Hospitality Membership Mentor Programs (speakers) & Publicity Special Events

Please suggest topics or speakers you would like to recommend for future SWN monthly meetings. Use additional sheet if needed.
(This information will be used at the Program Chairperson's discretion.)

Please suggest events you would like to recommend for additional networking events and/or fundraisers.

If applicable, please list the person who introduced you to SWN _____

Please take a moment and refer friends or associates to SWN. They will receive a complimentary e-newsletter for three months.
(Please list the names and addresses of as many people as you like on separate paper.) Thank you!

Payment Information

I have enclosed a check: # _____

Credit Card: *circle one* Visa • Mastercard • American Express • Discover

Please print name as it appears on credit card _____

Credit card number _____ Expiration _____

Dollar amount to charge \$ _____

Verification code (last 3 digits on the back of the card or in the case of American Express, the four digits in the upper right front of the card) _____

Signature _____ Date _____



SWN Member Directory Information

Please type or write legibly.

Name _____ Date _____

ADDRESS: If you are submitting this form with a member application or renewal, **JUST CIRCLE** Business or Post Office Box.

Business Address: _____

Post Office Box: _____

Please indicate which address you prefer published in the membership directory.

TELEPHONE: List a maximum of five numbers to be published. Note order of preference if more than three are selected.

*If this form is submitted with a membership application or renewal, **JUST CIRCLE** where appropriate.*

Primary # _____ Home # _____

Fax # _____ Alternate # _____

Cell # _____ Email# _____

Home # _____ Website _____

LISTING BY CATEGORY: The directory contains a listing of members by category. You may choose to be listed in as many categories as you wish. Your first listing is free and for each additional listing there is a \$10 fee. (Send check to SWN, made payable to SWN or pay by credit card, with this form.) *Please circle your choices from the list of categories below.*

***BRIEF DESCRIPTION:** You have the option of listing brief facts (25 words or less) about your company &/or specialty for publication in the roster. You may include your job title. In lieu of a "description" (or if it is short and there is space) you may list an additional address or additional telephone numbers if you wish. We'll try to fit as much information as possible. *This information is IN ADDITION TO your name, business name, address & three telephone #'s, so please do not write those here.*

LEISURE TIME ACTIVITIES: (What interests do you share with other members?)

The Benefits Will Bowl You Over!



SWN offers opportunities for growth, success and friendship that will enrich your life. Fill out the application, pay your pittance, and put your heart into it.

It will come back to you a thousand-fold.

Join SWN Today!