



# SANTA MARIA WOMEN'S NETWORK MEMBERSHIP APPLICATION

MAIL TO: SMWN, P.O. BOX 5242, SANTA MARIA, CA 93456-5242

ANNUAL MEMBERSHIP FEE: \$100.00 (JULY-JUNE)

Membership is valid for one year starting July 1<sup>st</sup> through June 30<sup>th</sup>

Semi annual membership fee: \$60.00 December 1<sup>st</sup> through July 1<sup>st</sup>

## Applicant Information

Please fill out the information below and attach your business card to complete this application.

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_ Title \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

Brief Description of Business: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Would you consider serving on our Board? \_\_\_\_\_

Payment method: Cash, Check or Credit Card?

Credit Card # \_\_\_\_\_

Name on Card \_\_\_\_\_

Expiration: \_\_\_\_\_ CVC # \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please make the checks payable to: SMWN and mail the application with payment to:  
SMWN, P.O. Box 5242, Santa Maria, CA 93456-5242