

Port Orchard BPW Membership Form

Name: _____ Referred by: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-mail: _____ Cell Phone: _____

Employer: _____ Position: _____

Type of Business: _____ Work Phone: _____

Hobbies/Interests: _____

Membership in other Organizations: _____

Birth Month: _____ Day: _____ Place: _____

Congressional District: _____ WA Legislative District: _____

I would like more information regarding possibly serving on the following committees
Fill in 0

- Membership 0 Newsletter 0 Program 0 Publicity 0 Reservations 0 Scholarship 0
- Education 0 Individual development 0 Young careerist 0 Social 0 Nominating 0
- Community programs 0 Auditing 0 Legislative 0 By-Laws 0 Finance/Budget 0

My main purpose for joining: _____

Dues:

\$20.00 Local dues.

\$60.00 State Federations dues.

\$80.00 per year on anniversary month. Payable to Port Orchard BPW

Return to:

DeLona Kent

2217 Beach Dr.

Port Orchard, WA 98366