



Welcome to Women’s Network! Please tell us a little about yourself. The information you provide will be used for the Membership Directory and Newsletters.

**Please return this form to:**

Director of Women’s Network

PO Box 1016, Columbia, MO 65205-1016

# Membership Application

MEMBER INFORMATION: To become a member of Women’s Network, your place of employment must be a member of the Columbia Chamber of Commerce. If you would like more information, please contact us at (573) 874-1132.

\*Please allow 2 weeks to process your membership. There is an online application at [womensnetworkcomo.com](http://womensnetworkcomo.com).

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

Title: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business: \_\_\_\_\_

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

Business City, State, Zip Code: \_\_\_\_\_

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

Did someone refer you to Women’s Network? \_\_\_\_\_ If so, who? \_\_\_\_\_

I AM INTERESTED IN THE FOLLOWING WOMEN’S NETWORK COMMITTEES (check all that apply):

- Marketing and Communications
- Leadership Development Roundtable
- Changing the Odds
- Special Events
- Membership Development
- Monthly Program

**DUES:**

Women’s Network dues are **\$85.00** per year.

**PAYMENT INFORMATION:**

- Check
- Cash
- Card

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Do you have a professional picture? If so, email it to Brandi Spurling at [Brandi@ColumbiaMoChamber.com](mailto:Brandi@ColumbiaMoChamber.com).

If not, may we take a professional picture of you? \_\_\_\_ YES or \_\_\_\_ NO. Is it okay for Women’s Network to use your picture for publicity? \_\_\_\_ YES or \_\_\_\_ NO.