



MEMBERSHIP FORM

Thank you for joining WBOC! Please complete the information below for WBOC correspondence and directories.

Name: _____

Business Name: _____

How did you hear about WBOC? _____

Business Address: _____

City: _____ Zip: _____

Business Phone: _____ Fax: _____

Cell: _____ Other: _____

Email: _____

Website: _____

Blog Address: _____

Description of Business (*please be legible and brief (250 characters), consider using taglines*):

If you would prefer to have WBOC correspondence sent to a different address, complete the following:

Newsletters to be sent to this address: _____

Email notices to be sent to this email address: _____

Please check all that apply:

- Business Owner
- Business Woman employed by a company
- Business Owner AND employed by a company
- Business Start-up
- Career Transition
- Student

Please complete the following:

- Age: < 20 20-30 31-40 41-50 51-60 > 60
- Education: High School Some College Bachelor Master Doctorate
- Business Owner:** Years Owned Business: _____
- Type of Business: _____
- Business Woman employed by a company:** Years Employed: _____
- Type of Business: _____

Annual MEMBERSHIP DUES	\$ 75
Additional Member of Company (<i>please use separate form</i>).....	\$ 50
Additional Business (<i>please use separate form</i>).....	\$ 50
GOLD MEMBERSHIP	\$ 420
TOTAL ENCLOSED	\$ _____

Please remit this form along with payment to: **WBOC, PO Box 6384, Syracuse, NY 13217-6384**