



YOUNGSTOWN BUSINESS AND PROFESSIONAL WOMEN

MEMBERSHIP APPLICATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ BIRTH DATE ____/____/____ EMAIL _____

EMPLOYER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

WORK PHONE _____ EXTENSION _____ FAX _____

POSITION TITLE _____

ARE YOU A FULL-TIME STUDENT? ____ YES ____ NO IF YOU ARE A FULL-TIME STUDENT, WHERE ARE YOU ENROLLED? _____

HOW DID YOU HEAR ABOUT Y.B.P.W.? _____

WHAT DO YOU HOPE TO GAIN FROM YOUR MEMBERSHIP IN Y.B.P.W.? _____

MEMBERSHIP OPPORTUNITIES

ON WHICH COMMITTEE(S) WOULD YOU BE INTERESTED IN PARTICIPATING?

- | | | |
|--|--|--|
| <input type="checkbox"/> HOSPITALITY | <input type="checkbox"/> SCHOLARSHIP | <input type="checkbox"/> HISTORIAN |
| <input type="checkbox"/> MENTORSHIP/MEMBERSHIP | <input type="checkbox"/> LEGISLATION | <input type="checkbox"/> COLLABORATION/LIASONS |
| <input type="checkbox"/> FASHION SHOW | <input type="checkbox"/> PARLIAMENTARIAN | <input type="checkbox"/> SPECIAL EVENTS |
| <input type="checkbox"/> YOUNG CAREERIST PROGRAM | <input type="checkbox"/> PR/MARKETING | <input type="checkbox"/> NOMINATING COMMITTEE |
| <input type="checkbox"/> FINANCE/AUDIT | | |

WHICH ADDRESS WOULD YOU PREFER WE USE? ____ MY HOME ____ MY OFFICE

SIGNATURE _____ DATE _____

ANNUAL DUES ARE \$50.00 FOR REGULAR MEMBERS (State \$30 and Local \$20)
STUDENT MEMBERSHIPS ARE AVAILABLE AT \$30 FOR FULL-TIME STUDENTS
PLEASE SEND YOUR COMPLETED APPLICATION AND ANNUAL DUES CHECK, MADE PAYABLE TO "YBPW," TO:

YOUNGSTOWN BUSINESS AND PROFESSIONAL WOMEN
ATTN: MARIANNE BARRON, TREASURER
HUMILITY OF MARY HEALTH PARTNERS
FINANCE DIVISION
250 EAST FEDERAL STREET
YOUNGSTOWN, OH 44503

IF YOU HAVE ANY QUESTIONS, PLEASE CALL MARIANNE BARRON: 330-884-7107 OR
EMAIL: marianne_barron@hmis.org

APPLICATIONS CONSIDERED WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, OR HANDICAP