

# 2018-2019 PWF Membership Renewal Form

Please check one:

\_\_\_\_\_ Regular Membership per individual \$125.00  
\_\_\_\_\_ Regular Membership per individual w/credit card \$130.00\*

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Name: \_\_\_\_\_  
(as it will appear in the Directory and on your nametags)

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

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

Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

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

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

E-Mail Address: \_\_\_\_\_

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

Home Address (Optional) \_\_\_\_\_

Birthday: Month/Day \_\_\_\_\_

Business heading as it would appear in the directory business pages (what does your business do?) \_\_\_\_\_

\*If paying by credit card, please complete the following:

Credit card complete number \_\_\_\_\_

Billing postal code \_\_\_\_\_

Expiration date \_\_\_\_\_

Security code/CVV \_\_\_\_\_

Mail completed form with check made payable to PWF or credit card information to:

**Professional Women's Forum**

**P.O. Box 1762**

**Lexington, KY 40588**

Please fill out the entire form even if your information did not change. By doing this, we can make sure all our information is current. Thanks!