

2018-2019 PWF Membership Renewal Form

Please check one:

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

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!