

Lea County Women's Network Membership Application/Renewal

For Office Use Only
Date:
Method of Payment:
Signed:
<i>σ</i>

Please complete this form and return with your check to:

Lea County Women's Network Attn: Membership Vice President P. O. Box 2242

P. O. Box 2242 Hobbs, NM 88241

Desired Membership Status: ☐Benefactor (\$100) ☐ Patron (\$500+)	New Member □Renewal	□Regular (\$35)	□Student (\$10)
Personal Information (required)			
Name:	·		
Employer:			
Address:	City	/Zip:	
Phone:	Cel	l:	
E-Mail Address:	E-Mail A	ddress:	
Birthday (Month & Day):			
Do you need a LCWN Name Tag? Name and Title on Tag		s No	
<u>Optional Information:</u>			
Spouse:		of Children:	
□Accounting	□Employment	☐Personal Service	S
☐ Advertising	□Finance	☐Public Relations	
☐ Communications	□Government	☐Public Utility	
☐Community Organization	☐Health Care	☐Real Estate	
☐ Construction	□Insurance	☐Retail Trade	
☐Consulting	□Legal	□Transportation	
☐Counseling	☐ Manufacturing	☐Travel Industry	
☐ Data Processing	□Marketing	□Wholesale Trad	е
☐Education	□Oil & Gas	□Other	