

MEMBERSHIP REGISTRATION FORM

(Print Form, Fill-in & Mail or Fax)

Member # (If already a Member): _____ Date: _____

Period from _____ to _____ Fee: **\$100.00**

Business name: _____

Category: _____ # of employees: _____

Name: _____ Title: _____

Race: White _____ African American _____ Native American _____ Hispanic _____ Other _____
(By providing this information you will help us to keep the statistics updated)

Sex: M _____ F _____ Your interests/hobbies _____

(By providing this information you will help us to plan activities according to our members' needs)

Address: _____

City: _____ State: _____ Zip: _____

County: _____ e-mail: _____

Day Phone: _____ Evening Phone: _____ Fax: _____

**Payment is non-refundable. _____ (Initial) *\$30 penalty for returned check _____ (Initial)*

***\$2.00 surcharge applied if paying by credit card. _____ (Initial)*

I understand and will abide by the Women's Business Center membership policy.

Signature _____

Date _____

Preferred Method of Payment:

Cash

Check

Visa

MasterCard

CC#: _____ / _____ / _____ / _____

Exp. Date: _____ Auth. #: _____

Signature: _____



Women's Business Center * 230 Hay Street * Fayetteville, NC 28301

T: 910-323-3377 F: 910-483-4914

www.wcof.org

Helping entrepreneurs start and expand small businesses in our community!

Funded in part through a cooperative agreement with the Small Business Administration.

