



Women of Manufacturing
Empowering Network

WOMEN OF MANUFACTURING EMPOWERING NETWORK MEMBERSHIP APPLICATION

Type of Business Entity:

- Corporation
- S Corporation
- Partnership
- Sole Proprietorship
- Joint Venture
- Limited Liability Company

Company Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone (____) _____ Fax (____) _____

Web Site _____ Number of Employees _____

CONTACT INFORMATION

Owner/President:

Name: _____

Title: _____

Telephone/Ext.: _____

E-Mail Address: _____

HR Contact (if applicable):

Name: _____

Title: _____

Telephone/Ext.: _____

E-Mail Address: _____

Membership Fees:

- Group 2-49 Employees

\$500 Membership Fee First Year

\$250 Membership Fee Renewing Year(s)

- Group 50+ Employees

\$1,000 Membership Fee First Year

\$500 Membership Fee Renewing Year(s)

Please return your Membership Application with your check to:

WOMEN
Post Office Box 4141
Covina CA 91723