



Please submit this renewal application along with a check for \$60., payable to Network of Executive Women.

Please mail to Network of Executive Women P.O. Box 3171 Milford, CT 06460

Membership Renewal Application

Your membership renewal form and dues MUST be received by Network of Executive Women no later than June 30th in order for your membership to remain active and for your profile to be included in the Membership directory and website. If your form/dues are received after June 30th, you will lose all privileges and will need to reapply for membership.

Name: _____
Company Name: _____
Position/Title _____
Business Address: _____
City State and Zip: _____
Business Telephone: _____
E-Mail: _____
Fax: _____
Website: _____
Month/Day of Birth: _____

FOR INTERNAL USE ONLY:
Home Address: _____
City, State, Zip: _____
Home Phone: _____
EMERGENCY CONTACT INFO:
Name: _____
Phone: _____
Relationship: _____

FOR INDEXING ON THE WEBSITE AND IN THE MEMBERSHIP DIRECTORY, PLEASE CHECK THE ONE CATEGORY THAT BEST DESCRIBES YOUR BUSINESS.

- Business Services, Coaching, Community Services, Computers & Internet, Education & Instruction, Entertainment & Arts, Food & Dining, Health & Medicine, Home & Garden, Honorary Member/Retired, Insurance, Legal & Financial, Personal Care, Printing & Graphics, Publishing, Real Estate, Recreation & Sports, Retail Shopping, Security, Travel & Transportation

PLEASE INDICATE ONE OR MORE OF THE FOLLOWING COMMITTEES YOU MAY BE WILLING TO SERVE:

- Activities, Historian, Marketing, Membership, Newsletter, Programs, Publicity, Scholarship, Sunshine, Website

PLEASE CHECK IF YOUR INFORMATION HAS CHANGED SINCE LAST YEAR

Signature _____ Date _____

Thank you for renewing your membership. Please let us know if there is anything the organization can do to increase your satisfaction with your membership this year.

Multiple horizontal lines for providing feedback.