



SOUTH SHORE
WOMEN'S BUSINESS NETWORK

Contacts • Coaching • Collaboration

Membership Application

Name: _____ Title: _____

Company: _____

Address: _____

Phone (w): _____ Fax: _____

Phone (h): _____ E-Mail: _____

Web Address: _____

How Did You Hear About SSWBN? _____

Membership Directory Category (see reverse): _____

Brief Business Description (180 characters or less including spaces and punctuation):

Membership Fees:

Individual Membership - \$250.00 for 12-months. Note: Additional individual memberships from same company are discounted. Please contact us for rates. Please duplicate this form for additional members from the same company.

Corporate Membership - \$1,000 for 12-months, Note: This membership includes one directory listing and unlimited event attendance at the member rates.

Make check payable & mail with form to: South Shore Women's Business Network P. O. Box 577, Accord, MA 02018-0577. Your cancelled check is your receipt.