



**MARYLAND FEDERATION OF BUSINESS AND PROFESSIONAL WOMEN
(BPW/MD)**

2015-2016 MEMBERSHIP FORM

BPW: Women Helping Women Succeed

Business & Professional Women of Maryland (BPW/MD) is a not-for-profit, nonpartisan, and nonsectarian volunteer association that promotes equity for all women in the workplace through advocacy, education, and information. All individuals who support the mission of BPW/MD are invited to become a member. Contact us at membership@bpwmaryland.org or (301) 733-3226 for membership information.

- Pay by check, **Payable to BPW/MD** and mail to BPW/MD Membership Committee **OR**
 Pay with credit card via **PayPal** on www.bpwmaryland.org, **Join Now!**

MAIL TO: MARYLAND FEDERATION OF BUSINESS & PROFESSIONAL WOMEN (BPW/MD), MEMBERSHIP COMMITTEE, 11530 DELLWYN DRIVE, HAGERSTOWN, MD 21740. VISIT US ONLINE AT: www.bpwmaryland.org

APPLICANT INFORMATION

Name:

Home address:

City:	State:	ZIP CODE:
Phone:	Fax:	E-mail (Required):
Cell:		
Please indicate phone preference: Please indicate E-mail preference:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Birthday: Month ____ Day ____

BUSINESS INFORMATION

Current employer:

Title:

Address:

City:	State:	ZIP CODE:
Phone:	Fax:	E-mail (Required):
Website:		

INDUSTRY, please select one

<input type="checkbox"/> Arts/Entertainment/Media	<input type="checkbox"/> Beauty/Wellness	<input type="checkbox"/> Marketing/Advertising/PR	<input type="checkbox"/> Science/Research
<input type="checkbox"/> Computers/Technology	<input type="checkbox"/> Human Services/Public Safety/Government	<input type="checkbox"/> Professional Services	<input type="checkbox"/> Travel
<input type="checkbox"/> Banking/ Finance/Insurance	<input type="checkbox"/> Legal	<input type="checkbox"/> Real Estate/Construction	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Education	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Nonprofit/Association	<input type="checkbox"/> Business Owner
<input type="checkbox"/> Health Care/Medicine		<input type="checkbox"/> Retail/Wholesale	_____ (bus. name)

HOW DID YOU HEAR ABOUT BPW?

- Referred by member (Name): _____
- E-mail Announcement Website Newspaper Word of Mouth Other (Specify): _____
- Are you a: New member Renewing member Transfer (Other BPW Organization): _____

LOCAL ORGANIZATION TO WHICH YOU ARE APPLYING / RENEWING

Members may affiliate with a Local Organization (**Member of Local - MOL**) or maintain state membership only (**Member at Large - MAL**). **Student Members** must be enrolled in an accredited institution of higher learning for at least 50% of their time. All three types may participate in the governance of the organization. Individuals may join as an **E-Member** to receive electronic state communications, but may not participate in the governance of the organization.

1. Select the type of membership: **Member of Local (MOL)** **Member at Large (MAL)** **Student Member** **E-Member**
2. If **Member of a Local (MOL)**, select the Local Organization with which you would like to affiliate:
- | | | |
|--|---|---|
| <input type="checkbox"/> Frederick BPW | <input type="checkbox"/> Hagerstown BPW | <input type="checkbox"/> Laurel BPW |
| <input type="checkbox"/> Montgomery County BPW | <input type="checkbox"/> Southern Prince George's BPW | <input type="checkbox"/> Towson/Hunt Valley BPW |
| <input type="checkbox"/> Eastern Shore (<i>coming soon!</i>) | | |

Would you like to be part of an area speaker's bureau? Yes, Subject: _____

Would you like to host a webinar? Yes, Subject: _____

ANNUAL MEMBERSHIP DUES NEW RENEWAL

NEW MEMBER SALE! **Member of Local (MOL) NEW \$75 / RENEWAL \$100** (includes Local and State Federations, and BPW Foundation)
Until 5/31/16 for MOL and MAL **Member-At-Large (MAL) NEW \$75 / RENEWAL \$100** (Includes State Federation and BPW Foundation)
 Student \$60.00 (Includes same as MOL, but at reduced rate) **E-member \$40.00** (Receives Electronic State Communication, non-voting)

SIGNATURE _____ **DATE** _____ [PROCESSED _____] JAN 2016