



BUSINESS AND PROFESSIONAL WOMEN OF MARYLAND (BPW/MD) 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: BUSINESS & PROFESSIONAL OF WOMEN (BPW/MD), MEMBERSHIP COMMITTEE,
P.O. BOX 491, WILLIAMSPORT, MD 21795. 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		<input type="checkbox"/> Home	<input type="checkbox"/> Work
Please indicate E-mail preference:		<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:
- Frederick BPW Hagerstown BPW Laurel BPW
 Montgomery County BPW Southern Prince George's BPW

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

<input type="checkbox"/> Member of Local \$100 (includes Local and State Federations, and National BPW Foundation)	<input type="checkbox"/> Member-At-Large \$100.00 (Includes State Federation and National BPW Foundation)
<input type="checkbox"/> Student \$ 60.00 (Includes same as Member of Local, but at reduced rate)	<input type="checkbox"/> E-member \$ 40.00 (Receives Electronic State Communication)

SIGNATURE _____ **DATE** _____ [PROCESSED: _____] SEPT 2021