



# Ventura County Professional Women's Network

P.O. Box 6329, Oxnard, CA 93031 | Telephone/Fax (866) 275-4134  
Email: info@vcpwn.org | Web: www.vcpwn.org

## Membership Application

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Referred By \_\_\_\_\_ Date \_\_\_\_\_

### Business Information

Business Name \_\_\_\_\_

Your Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

### Committee Interests (A leadership team member will contact you with more information)

- Hospitality                       Membership                       Networking  
 Mentor Program                       Silent Auction  
 Special Projects                       Sponsorships/Fundraising

### Membership Dues (Please check one)

- Individual Membership \$165.00 (\$130 annual dues plus one-time application fee of \$35)  
 Corporate Membership \$285.00 (2 or more people who represent the same business; up to three people may receive reduced member pricing for events; \$250 annual dues plus one-time application fee of \$35)

### Method of Payment

- Check enclosed, payable to VCPWN  
 Visa/MasterCard Payment

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Address for Card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete this form and send to VCPWN at the address or fax listed above.  
Thank you for your application. Once your application is processed, you will receive an email confirmation with instructions on how to complete your online membership directory listing.

**We look forward to seeing you soon.**