



# Annual Membership Application and Renewal Form

Membership dues are \$45.00 for 1 calendar year.

Join in November or December and dues will automatically include the following year.

**NEW MEMBER**       **RENEWING MEMBER**      Date: \_\_\_\_\_

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

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Personal Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone #s: Cell \_\_\_\_\_ Business \_\_\_\_\_ Home \_\_\_\_\_

**Preferred mailing method:** Business or personal \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: \_\_\_\_\_

Website: \_\_\_\_\_

Facebook Page: \_\_\_\_\_

About you and your business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**As a member, I make the following commitment:**

- I will assist in **at least** one fundraiser event.
- I will donate raffle prizes to at least one fundraiser event.
- I will make a cash donation toward a fundraising event.

Contact the Membership Director if you are interested in advertising in the Printed Directory. Deadline is end of February for printed ads. Email: [AmadorCountyWomensNetwork@gmail.com](mailto:AmadorCountyWomensNetwork@gmail.com)

Please complete this form and make the check payable to "ACWN". You can also go to our website and pay using PayPal. Be sure to complete form and bring to a meeting or mail to:

Amador County Women's Network

P.O. Box 1513

Jackson, CA 95642

Visit our Website: [www.acwnonline.org](http://www.acwnonline.org)