



Individual Membership Application for year 2009

Please print or type all information CLEARLY.

Dues are \$35.00 per year, per person.

Mail this form with your check to PBWA: Box 2586, Martinsburg, WV 25402

Renewing members: We're asking that EVERYONE fill out the ENTIRE form, including description, in order to bring all of our records, the web site and directory up to date. Thank you.

For the Membership Directory and Web Site: Name: _____

Title: _____ Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

E-mail: _____ Web Site address: _____

Please print or type all information CLEARLY, (especially those email addresses!) Thanks!

Description: Write a brief description of your work, products, services, etc. to be included on the web site and directory.

Mailing Address: If same as above, check here: [] OR, use the following as my mailing address:

The Connector Newsletter:

[] I prefer downloading the newsletter online at www.pbwa.org. This option not only saves paper, but also saves the PBWA postage costs.

[] I prefer receiving the newsletter via the U.S. Postal Service. Be sure to list entire mailing address.

Categories: Please indicate your first and second choices for categories for you/your business, to be used on the website and directory. (Animal/Pet Care; Arts & Entertainment; Business & Finance; Clothing/Accessories & Apparel; Computer & Internet; Construction/Plumbing & Electrical; Consulting; Copying & Printing; Design; Education & Training; Food; Federal/State/Local Government; Health/Fitness/Beauty & Alternative/Complimentary Health; Home & Family; Mediation; Medical; Miscellaneous; Personal; Professional; Real Estate; Retail; Specialty Services; Writing & Editing.)

Category 1: _____ Category 2: _____

Volunteering: PBWA is an organization of volunteers. Working on activities with others benefits you by increasing your networking contacts and your business. If you think you might be able to help the organization, based on your own special skills, availability, and interests let us know how you could help: _____

List some possible training needs or program topics: _____

How did you hear about PBWA? _____

For the Web Site: Would you like your name listed on the website? Yes: [] or No: []

Would you also like your business, address, phone, city, state, e-mail and web address listed on the website? Yes: [] or No: []

Would you like all links (e-mail and/or web address) on the web site to be live and active links? Yes: [] or No: []

For office use: Date: _____ Check #: _____ Amt. Rec: _____ Certificate: _____ E-mail: _____ Website: _____

My signature allows PBWA to use this information on its website.....Signature _____