

# COUNCIL OF BUSINESS WOMEN

Name: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Date: \_\_\_\_\_

## BUSINESS INFORMATION:

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

Address: \_\_\_\_\_

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

Mobile: \_\_\_\_\_

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

Description of Business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Product/Service My Company Offers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title & Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Business I would like referred to me: \_\_\_\_\_  
\_\_\_\_\_

Organizations I am associated with: \_\_\_\_\_  
\_\_\_\_\_

## PERSONAL INFORMATION:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Spouse/Significant Other: \_\_\_\_\_

Birthday(Month/Day): \_\_\_\_\_ Business Anniversary: \_\_\_\_\_

Interests & Hobbies: \_\_\_\_\_  
\_\_\_\_\_

Membership Dues: \$50.00  
Mail Payment & Application to:  
CBW  
P.O. Box 58595  
Webster, TX 77598-58595