

Membership Application

Business Women in Suffolk Committed to the Betterment of our Community through Charitable Giving

Name: _____ DOB: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Employment Information:

Current Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Website: _____

Sponsor Name: _____ Attended three meetings: Yes / No

Please List Prior Civic / Charitable Organization Involvement and Dates Served:

Areas of Interest in which you may be an asset to the Mission of the Suffolk Business Women organization:

Communications

Outreach

Membership

Scholarship

Membership Expectations:

- Attend 3 consecutive meetings before submitting member application
- Must have a member sponsor
- Remain in good standing:
 - Attend 75% of monthly meetings
 - Serve on a committee
 - Participate in the annual fund raising event
 - Pay dues in a timely manner

By submitting my application to the Suffolk Business Women organization, I am committing to be in good standing, willing to give of my time in the endeavors that support those in need, living in Suffolk, VA.

Signature: _____ Date: _____

Sponsor Signature: _____ Date: _____



Give your application to your member sponsor or mail to:
Suffolk Business Women
PO Box 87
Suffolk, VA 23439