

Santa Fe Professional Business Women



Membership Application

SFPBW Annual Dues \$110.00

Membership in Santa Fe PBW includes voting membership in PBWNM

Print this form and mail with your check payable to PBWNM to:

PBWNM Kathy L. Jahner, PBWNM President, 9 Daisy Court, Santa Fe NM 87506

Personal Information:

Name: _____

Company Name: _____

Work Address: _____

City, State, Zip : _____

Phone: _____ Fax: _____

Email: _____

Home Address (Unit / Apt#, Street): _____

City, State, Zip: _____

Phone: _____ Email: _____

Please indicate your preferred mailing address: Home Work

Professional Information:

___ Government ___ Educational ___ Professional Services ___ Real Estate

___ Health Facility/Medical Ctr. ___ Retail Trade ___ Retail Service

___ Finance/Insurance ___ Construction ___ Assoc./Non-Profit ___ Communications

___ Self Employed ___ Manufacturing ___ Other

Occupation:

___ Professional (Teacher, Lawyer, Physician, Nurse, Engineer)

___ Managerial (President, CEO, Business/Department Manager)

___ Administrative/Accounting/Clerical

___ Sales or Service (Insurance, Real Estate, Retail, Customer Service Rep.)

Referred by: _____