



**APPLICATION FOR MEMBERSHIP**

I HEREBY APPLY FOR MEMBERSHIP IN THE WOMEN EMBRACING BUSINESS AFFILIATE OF THE NORFOLK AREA CHAMBER OF COMMERCE.

NAME: \_\_\_\_\_

BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS (STREET/PO Box): \_\_\_\_\_

(CITY/STATE/ZIP): \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

BUSINESS FAX: \_\_\_\_\_

RESIDENCE ADDRESS (STREET/PO Box): \_\_\_\_\_

(CITY/STATE/ZIP): \_\_\_\_\_

RESIDENCE PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

BIRTHDAY (MONTH/DAY): \_\_\_\_\_

WHOM CAN WE THANK FOR INVITING YOU TO JOIN? \_\_\_\_\_

**DUES: \$40.00 PER YEAR, DUE APRIL 1<sup>ST</sup>**  
**DUES ARE PRORATED IF JOINING ANY MONTH OTHER THAN APRIL**

PAYMENT ENCLOSED: \_\_\_\_\_ CHECK NUMBER

PLEASE BILL ME AT: \_\_\_\_\_ BUSINESS \_\_\_\_\_ RESIDENCE

IF YOU WISH TO PAY BY CREDIT CARD EITHER CALL 402-371-4862 OR  
EMAIL [INFO@NORFOLKAREACHAMBER.COM](mailto:INFO@NORFOLKAREACHAMBER.COM) FOR ASSISTANCE.

FOR OFFICE USE ONLY	
<input type="checkbox"/>	DIRECTORY
<input type="checkbox"/>	NAMETAG
<input type="checkbox"/>	BILLING
<input type="checkbox"/>	CHAMBER MASTER
<input type="checkbox"/>	GENERAL AGENDA
<input type="checkbox"/>	BOD AGENDA
<input type="checkbox"/>	EMAIL MEMBERSHIP COMMITTEE