

Women in Harmony ∞

Membership Application

Chapter Information	Date		Membership Type	
	Chapter #		<input type="checkbox"/> New <input type="checkbox"/> Transfer	
	Chapter Location		Chapter President Approval	
	Your Business Name		X _____ President Name	
Member Information	Applicant Name			How did you hear about Women in Harmony? <input type="checkbox"/> Word of mouth <input type="checkbox"/> Member (name) _____ <input type="checkbox"/> Web Site <input type="checkbox"/> Press Release <input type="checkbox"/> Event <input type="checkbox"/> Other (explain) _____
	Phone	Date of Birth		
	Email address			
	Web Site			
	Street Address			What is your main industry?
	PO Box			Have you been a member before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which chapter? _____
	City	State	Zip	
Payment Information	\$225.00 Annual Membership Fee - Payment Method			
	<input type="checkbox"/> Check or Money Order <input type="checkbox"/> Credit Card # _____ Expiration Date _____ 3 or 4 digit card verification # _____		<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AmEx	
	Signature for Credit Card Charge X _____ Authorization			
Agreement	<p>I hereby certify to the best of my knowledge the answers provided above by me are true and correct. I agree to the terms of membership as stated in the membership handbook. I understand Women in Harmony and the officers of Women in Harmony are not responsible or affiliated with the members and cannot be held responsible for members or disputes between members and their businesses. I understand that if I resign or my membership is terminated with Women in Harmony, any membership fees, meeting fees, chapter fees, and renewal fees are non-refundable.</p> <p>X _____ Applicant Signature</p> <p>_____ Date</p>			

Send completed, signed application to:
 Women in Harmony
 PO Box 194
 Owing, MD 20736

www.WomenInHarmony.org