



2019 – 2020 Membership Investment Renewal

Please Print

Name: _____ Company: _____

Home Address: _____ Business Address: _____

Phone: _____ Business Phone: _____

Job Title: _____ Email: _____

Website: _____

I understand the membership responsibilities and agree to abide by the Code of Conduct as described in the CWN By-Laws as stated on our web site: www.cwnqac.org.

Signature: _____ Date: _____

Pay by check (payable to "Chesapeake Women's Network") or by credit card. Cash accepted at meetings only.

Two Membership Levels:

#1 _____ \$ 55.00/yr. includes donation to scholarship, name and business included in the CWN website directory and one social media post.

#2 _____ \$ 100/yr. includes scholarship donation, name & business included in the CWN website directory, name and logo on monthly newsletter, and 1 annual spotlight for you via social media.

Total Enclosed: _____

Credit Card # _____ Exp. Date: _____ CRV# _____

Mail Form & Payment to: QAC CWN, P.O. Box 678, Stevensville, MD 21666, Payment Due by Nov 1, 2019