



MEMBERSHIP FORM

Thank you for joining WBOC! Please complete the information below for WBOC correspondence and directories.

Name: _____

Business Name: _____

How did you hear about WBOC? _____

Business Address: _____

City: _____ Zip: _____

Business Phone: _____ Fax: _____

Cell: _____ Other: _____

Email: _____

Website: _____

Blog Address: _____

Description of Business (please be legible and brief [250 characters], consider using taglines):

If you would prefer to have WBOC correspondence sent to a different address, complete the following:
Newsletters to be sent to this address: _____
Email notices to be sent to this email address: _____

Please check all that apply:

- Business Owner
- Business Woman employed by a company
- Business Owner AND employed by a company
- Business Start-up
- Career Transition
- Student

Please complete the following:

Age: < 20 20-30 31-40 41-50 51-60 > 60
 Education: High School Some College Bachelor Master Doctorate
Business Owner: Years Owned Business: _____
 Type of Business: _____
Business Woman employed by a company: Years Employed: _____
 Type of Business: _____

Standard Membership

Annual MEMBERSHIP DUES, Emerging Business (in business less than 5 years) \$ 75
 Annual MEMBERSHIP DUES, Established Business (in business more than 5 years) \$ 95

All-Access Pass: Includes annual membership plus all program registration fees, Sept – June

All-Access Pass Membership, Emerging Business (in business less than 5 years).....\$175
All-Access Pass Membership, Established Business (in business more than 5 years).....\$195

Additional Member or Additional Business

Additional Member of Company (please use separate form)..... \$ 50
 Additional Business (please use separate form)..... \$ 50

TOTAL ENCLOSED..... \$ _____

Please remit this form along with payment to: **WBOC, PO Box 6384, Syracuse, NY 13217-6384**