



# MEMBERSHIP APPLICATION

You're invited to join us! Annual membership dues: \$45 payable each April. Prorated amounts: July-September: \$39; October - December: \$26; January - March: \$13. Return this form and your dues to: SBWN, P.O. Box 6213 • Los Osos, CA 93412, or bring it with you to our next meeting. Make checks payable to SBWN.

Name \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_  
Business \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Business \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_ Home \_\_\_\_\_  
E-mail \_\_\_\_\_ Web Site \_\_\_\_\_  
 Residence Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Business Services Offered *(The information you list will be posted in the directory and on the membership page of the website)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies/Interests \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Birthday (month & day) \_\_\_\_\_