Arkansas Business & Professional Women
Membership Form 2013-2014

Please fill out all applicable information to help us keep our records up-to-date. We ask that you notify the State Treasurer of any changes during the year.

Name: _____

Local BPW name: _____

Circle One: New Member/Reinstated/Renewal

Circle One: Region I (West); Region II (Northeast); Region III (Central)

Home Information:

Address: _____

Home Phone: _____ Cell: _____

Fax: _____ E-Mail: _____

Birthday: Month: _____ Date: _____

Work Information:

Employer: _____

Address: _____

Phone: _____ Cell: _____

Fax: _____ Email: _____

AR/State Membership Annual Fee: $20.00 (Due May each year) Prorate if new member joins any month besides May. (May-July $20.00, August-October $15.00, November-January $10.00, February-April $5.00) Local unit dues as determined by Local BPW. State and Local Dues are to be paid to Local BPW Treasurer.

Pay by: Check or Cash Date Paid: _____

Local BPW Treasurer to send State Membership forms and check to: Karen F. Sagaskey, 156 CR 708,Wynne AR 72396, 870-208-4309, ksagaskey@aol.com