



Orillia Business Women's Association

P.O. Box 2404 • Orillia, ON L3V 6V7 • Tel: 325-6292 • Fax: 325-4771 • Email: obwa@orilliabusinesswomen.com

Membership Application and Profile For Year 20_____

Last Name _____	First Name (or name usually called) _____	Self-Employed <input type="checkbox"/> Yes <input type="checkbox"/> No
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Occupation/Position _____	Company/Organization _____
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Business Address _____	Postal Code _____
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Business Telephone _____	Fax _____	Cell Phone _____
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Email Address _____	Web Site URL _____
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Brief Description of Business/Service/Organization

Residence Address _____	Postal Code _____
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Residence Telephone _____	Fax _____	Email Address _____
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Additional Skills, Interests, Hobbies, etc.

Send Mailings (other than Newsletter) to <input type="checkbox"/> Business <input type="checkbox"/> Residence	How/where do you wish to receive the OBWA Newsletter <input type="checkbox"/> Business email <input type="checkbox"/> Residence email <input type="checkbox"/> Mail to Business <input type="checkbox"/> Mail to Residence
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Preference for Meeting Reminder Calls <input type="checkbox"/> Business <input type="checkbox"/> No call <input type="checkbox"/> Residence required	Please indicate if you DO NOT wish to have the following published in our <input type="checkbox"/> Membership Directory <input type="checkbox"/> Website Business: <input type="checkbox"/> Address <input type="checkbox"/> Fax <input type="checkbox"/> email Residence: <input type="checkbox"/> Address <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> E-mail
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Referred by (indicate the name of the OBWA member who referred you, if applicable)

Share your experience with us and be a volunteer.

Please let us know if you would be interested in helping out with one of the following:

- Telephone caller
- Planned activities (i.e. Trade show, Christmas meeting, Woman of the Year, etc.)
- Other (please specify): _____

Office Use Only

Membership Paid \$ _____	Date _____	Receipt No. _____
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