



Litchfield County Women's Network

Membership Year from September 1, 2011 to August 31, 2012

Please check the appropriate boxes and fill out your information below.
If you have any questions contact one of the LCWN board members
listed at www.lcwn.com/contactus.html. Thank you.

Today's Date _____

- Become A Member**\$ 50.⁰⁰
- Include A Business Referral Listing** at www.lcwn.com/referrals.html\$ 10.⁰⁰

REMEMBER to include a business card to be scanned for your business listing.

Please supply a short business description for your listing: _____

TOTAL Amount Enclosed: \$ _____

Please send check (made payable to LCWN), this form and a business card, if appropriate, to:

LCWN Membership, P.O. Box 103 Colebrook, CT 06021

Full Name: _____

Company Name: _____

Title/Position: _____

Business Address: _____ Town _____ Zip _____

Home Address: _____ Town _____ Zip _____

Work Phone: _____ Fax Number: _____

Cell Phone: _____ E-Mail: _____

Home Phone: _____ Website: _____

Business Category: _____ Business Description: _____

Special Areas of Interest: _____

Birth Month and Day: _____

I am interested in volunteering: ____ on the board, ____ on a committee ____ during the monthly meetings.

- For Board Use Only -

CK # _____ Amount Paid _____ | _____ Membership _____ Website