



Litchfield County Women's Network

## Membership Year from September 1, 2009 to August 31, 2010

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](http://www.lcwn.com/contactus.html). Thank you.

Today's Date \_\_\_\_\_

**Become A Member** .....\$ 40.<sup>00</sup>

**Include A Business Referral Listing** at [www.lcwn.com/referrals.html](http://www.lcwn.com/referrals.html) .....\$ 10.<sup>00</sup>

**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: \_\_\_\_\_

**- For Board Use Only -**

CK # \_\_\_\_\_ Amount Paid \_\_\_\_\_ | \_\_\_\_\_ Membership \_\_\_\_\_ Website