



Chapter

LOCAL AFFILIATE MEMBERSHIP APPLICATION

Name: _____

Company Name: _____

Address: _____

Work Phone Number: _____

Fax Number: _____

Cell Number: _____

Home Number: _____

Email Address: _____

Would you be interested in serving on a committee? Yes _____ No _____

Sponsored By: _____

Make check for \$85.00 Payable to: WCR Englewood Chapter

Chapter Meets on the Third Wednesday of Every Month.
11:00 AM – 1:00 PM, Networking, Meeting and Lunch
LaStanza Restaurant, Dearborn St, Englewood
Cost: \$15.00, Reservations Required

Please return your application with your check to:

Pat Bieneman, Vice President of Membership
2828 S. McCall Road / PMB # 40
Englewood, FL 34224
Cell: (941) 258-4527 / Fax: (941) 697-4481