



# Individual Member Renewal

**Women's Network of York**  
P. O. Box 3226, York, Pennsylvania 17402  
www.WNYork.com [network@wnyork.com](mailto:network@wnyork.com)

10/1/07 – 12/31/07 @ \$110.00  
(Includes membership until 3/31/09)  
1/1/08 – 3/31/08 @ \$90.00  
(Includes membership until 3/31/09)

*Please complete the following and forward this renewal form with your check (payable to: Women's Network of York) for annual membership dues to Women's Network of York, P. O. Box 3226, York, Pennsylvania, 17327. Questions? Please contact Membership Director at [membership@wnyork.com](mailto:membership@wnyork.com).*

Your Name (First, MI, Last)

Home Address (Street Address, City, State, Zip Code)

Home Telephone (Area Code + Phone Number)

Company/Employer Name	Your Title
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Business Address (Street Address, City, State, Zip Code)

Business Telephone (Area Code + Phone # + Extension)	Business Fax (Area Code + Phone #)
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Business Web Address

Your E-Mail Address

Please select a single category below that best fits your type of business:

Non-Profit       Sales/Marketing/Media       Professional Svc.       Personal Svc.       Finance       Real Estate

Please note below any skills or experience that you would be willing to share with other members:

Would you be interested in sponsoring our Member-of-the-Month contest in an upcoming month?

Yes     No     Don't know – please provide information

Are you interested in serving on any committees (if so, please select as many categories as you wish, below):

Membership       Event Planning/Event Logistics       Fundraising       Communication       Marketing       Administrative

How did you hear about Women's Network of York?

Friend/Co-worker       Internet       Newspaper       Radio       Mailing       Other

Thank you for your interest in Women's Network of York. Once your membership application has been processed, we will contact you, and we look forward to serving your needs as a member of our organization. By submitting your application to become a member of Women's Network, you agree to be notified by phone, fax or e-mail by WNY as needed to convey or confirm information during your membership.

Your Signature: