

**BE A PART OF THE SOLUTION!
JOIN - "Business and Professional Women" - TODAY!**



PERSONAL INFORMATION: (please print)

Name: _____
 Company Name: _____
 Work Address: _____

 City: _____ State: _____ Zip: _____
 (Please Include +)
 Home Address: _____
 City: _____ State: _____ Zip: _____
 (Please Include +)

Please indicate your preferred mailing address:

Home ____ Work ____
 Home Phone: _____
 Work Phone: _____ Ext: _____
 Fax: _____
 E-Mail: _____

Please join us today as a BPW Member!

There are 2 ways to be a part of Business and Professional Women.

- **Member of Local**
 By joining through a Local Organization, you'll have access to meetings and networking opportunities in your area. This category includes membership in the local and state levels of BPW.
- **Student of Local**
 This category, offered to students, provides all the benefits of a Member of Local membership. The only requirement is that the individual must be registered full -time as a student.

To become a member, return this form, along with your annual dues to:

DUES ARE \$50.00

Remit directly to your Local Organization:
 Name of Local:

**BPW of Southern Ocean County
 P.O. BOX 1207
 MANAHAWKIN, NJ 08050**

www.bpwsoc.org

PROFESSIONAL INFORMATION:

Type of Employer:

<input type="checkbox"/> Government	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Professional Services	<input type="checkbox"/> Educational
<input type="checkbox"/> Finance/Insurance	<input type="checkbox"/> Health/Medical
<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Retail Service
<input type="checkbox"/> Assoc./Non-Profit	<input type="checkbox"/> Construction
<input type="checkbox"/> Communications	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Self-Employed	

Workplace Profile: # of Employees

1-10 11-50 51-100 101-500 Over 500

OCCUPATION: Professional (Teacher, Lawyer, Physician, Nurse or Engineer)
 Managerial (President, CEO, Business/Department Mgr)
 Administrative/Clerical
 Sales or Services (Insurance, Real Estate, Retail, Customer Service Rep.)

Are you:

Salaried Full-Time
 Commission Based Part-Time
 Hourly/Per Diem

Continuing Education Profile: In the last 3 years have you:

Attended Work Related Seminar/Professional Conference? If yes, who paid? _____
 Traveled out of town for a Seminar/Professional Conferences? If yes, who paid? _____
 Purchased Educational Books or Tapes?

MEMBER DEMOGRAPHICS:

(The following demographic information is optional. BPW is requesting this information to assist in providing statistical support so BPW may continue to provide relevant programs, products and services.)

BIRTH DATE: ____/____/____ (year optional)

EDUCATIONAL LEVEL: *(Indicate highest level completed)*

<input type="checkbox"/> High School	<input type="checkbox"/> Bachelor Degree
<input type="checkbox"/> Vocational/Technical	<input type="checkbox"/> Masters Degree
<input type="checkbox"/> Associates Degree	<input type="checkbox"/> PhD, /J.D./M.D.

MARITAL STATUS: Single Married
 Partnered Divorced Widowed

DEPENDANTS: (# of Children within age range)

0-5 yrs 6-11 yrs 12-17 yrs 18-25 yrs over 25

Do you have responsibility for Adult Dependand Care? _____

♦ If a BPW member assisted you in learning more about our organization, please list her/his name here so we may thank her/him

 Name and Member ID (If known)

Rev 04 10-CL/Ig