

**FOCUS WOMEN'S GROUP - MEMBERSHIP APPLICATION**

**APPLICANT INFORMATION**

Name:

Bus. Phone:

Cell Phone:

Bus. Fax:

Business Street address:

City:

State: CA

ZIP Code:

Email Address

Website:

Business Name:

Type of Business:

Are you willing to serve as: President, Vice-President, Secretary or Treasurer? YES/NO

**PERSONAL INFORMATION**

Spouse's Name:

Home address::

City:

State: CA

ZIP Code:

Home Phone:

Birthdate:

Anniversary:

**ABOUT YOUR BUSINESS**


**HOBBIES & SPECIAL SKILLS**


**WHY YOU WOULD LIKE TO JOIN**


**SIGNATURE**

Signature:

Date:

Please return this application with a check for the \$46.00 and the current month's dues to Linda Allen