

**NORTH EAST TAMPA WOMEN IN BUSINESS
MEMBERSHIP RENEWAL**

Membership Level (*please check one*):

_____ Individual (\$75)

_____ Corporate (\$100)

Our fiscal year begins June 1st and ends May 31st of each year

MEMBER INFORMATION

Date _____

Name _____

Company/Affiliation _____

Job Title _____ Business Category _____

Preferred Mailing Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Fax _____ E-mail _____

Website _____

PAYMENT INFORMATION

Enclosed is my check (# _____) in the amount of \$ _____

Please make check payable to North East Tampa Women in Business (NETWIB)

I would like to volunteer for _____ Membership _____ Programs _____ Greeting Committee(s)

Do you have any thoughts or suggestions regarding future guest speakers, meeting themes or other activities? If so, please share them with us here: _____

Please mail your completed renewal form & check to:

NETWIB
P.O. Box 47674
Tampa, FL 33647

Please note that dues are not pro-rated and that all dues are payable by June 1st annually.
By signing below, I have read and understand the content described above.

Signature: _____