

York County Professional Business Women's Association

APPLICATION FOR MEMBERSHIP

NAME: -----

ADDRESS: -----

TELEPHONE: ----- **EMAIL:** _____

I prefer correspondence to be forwarded to: _____ Business _____ Residence

Please return application to the address shown below, including check for annual dues.

(\$25.00 for York County Regional Chamber members, \$65.00 for non-members)

Dues: \$25.00 for Chamber members
\$65.00 for Non-members
\$10.00 for each additional employee

Lunches: \$165.00 for eleven months
- You may pay for lunches with dues or \$15.00 each time you attend.
- Annual Luncheon TBD

Enclosed is my check made payable to the PBWA.

Please charge my credit card \$ _____

Circle one: American Express, Visa or Mastercard

Number: _____ Exp Date: _____

Name on Card: _____

Please return to:

PBWA c/o York County Regional Chamber of Commerce, 116 E. Main Street,
Rock Hill, SC 29730 (803) 324-7500