**NEW Member Application Form**

***Renewing as a Corporate Member? Please request the Corporate Membership Renewal Form. This renewal form is for individual membership***

***renewals.***

I hereby apply for membership in BPW Bowmanville (BPWB) and agree to comply with the By-Laws of the group (By-Laws may be obtained from

The Membership Chair).

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:**  |  |
|  (Street, City, Postal Code) |  |
| **Home Phone:** |  | **Business Phone:** |  |
| **E-Mail:** |  | **Cell Phone:** |  |
| **Occupation:** |  |
| **Employment: (Firm and Position)** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **How did you learn about BPW?** (Please mark **X** for all that apply) |  | Local Newspaper/Radio |  | Local Business Magazine |
|  | Networking Today |  | Google/Internet Search |  | BPW Bowmanville Web Site |  | BPW Canada Web Site |
|  | BPW Bowmanville Facebook  |  | BPW Canada Facebook  |  | BPW Provincial Web Site |  | BPW International Web Site  |
|  | BPW Member/Member’s Name: |  |
|  | BPW Event: Please specify: |  |
|  | Other: Please specify |  |

* **Joining between May 1- Dec 31:** I enclose a cheque in the amount of **$175** payable to **BPW Bowmanville** for current year’s membership – from May 1st to April 30th of the following year.
* **Joining after Jan 1:** I enclose a cheque payable to **BPW Bowmanville** in the amount of **$65** for the remaining portion of the current year’s membership.
* I am a Young BPW Member (35 years old or younger).
* For the sole purpose of providing benefits of membership, I hereby give consent for **BPW** **Bowmanville** to use my personal information on this application and/or use and distribute my image or voice in photographs or video *(i.e. Newsletters, Annual Reports, Web Site as appropriate)* within the different levels of the BPW organization *(BPW* ***Bowmanville****, BPW Ontario, BPW Canada, BPW International).* I further agree to protect members' personal information from distribution, publication or any commercial use whatsoever.
* I hereby give consent for my personal information to be distributed to other members on the BPW Bowmanville membership roster as described immediately above.
* Please submit your completed form & cheque payable to **BPW Bowmanville** to: Valerie Mayers-Griffith - Treasurer, 28 Michael Blvd, Whitby, ON, L1N 5P3. Questions/Comments – email: membership@bpwbowmanville.com
* I hereby give consent for BPW Bowmanville to email communications to me. This confirms your subscription and grants BPW Bowmanville permission to email you. You can revoke permission to mail to your email address at any time by using the Safe Unsubscribe link found at the bottom of every email.

**Particular interest or expertise for participation in BPWB operation (rank choices):**

\_\_\_\_ Budget & Finance \_\_\_\_ Membership Promotion

\_\_\_\_ Personal Development \_\_\_\_ Program Planning

\_\_\_\_ Advocacy \_\_\_\_ Media / Communications

\_\_\_\_ Provincial / National / International Affairs

\_\_\_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Application Received by (name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Application Approved by the BPWB Executive Board:**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Membership Chair (print & sign): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\* Upon approval a New Member Profile must be requested for posting on the BPW Bowmanville Website.

**MEMBER BIOGRAPHY:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Revised: March 2023**