



*Connect, Innovate, Change:  
Networking to Expand Together!*

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# SANTA MARIA WOMEN'S NETWORK MEMBERSHIP APPLICATION



**4 WAYS TO APPLY (PICK ONE):**

1. APPLY/PAY ONLINE AT [WWW.SMWN.NET/JOIN](http://WWW.SMWN.NET/JOIN) (scan) →
  2. MAIL TO: SMWN, P.O. BOX 5242, SANTA MARIA, CA 93456-5242
  3. EMAIL TO [MEMBERSHIP@SMWN.NET](mailto:MEMBERSHIP@SMWN.NET) & PAY ONLINE OR IN PERSON
  4. BRING TO A MONTHLY MEETING, PAY AT REGISTRATION DESK
- ANNUAL MEMBERSHIP FEE: \$120.00 (JULY-JUNE)  
 Membership is valid for 1 year: July 1<sup>st</sup> through June 30<sup>th</sup>  
 Membership fees are \$60 for members joining after January 1st and will remain valid through June 30th.

## Applicant Information

Please fill out the information below and attach your business card to complete this application.

First and Last Name: \_\_\_\_\_ Individual or Corporate?: \_\_\_\_\_

Business Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Brief Description of Business: \_\_\_\_\_

How'd you hear about us?: \_\_\_\_\_ Consider serving on our Board (circle one)? Y N

Payment method (circle one):                      Cash                      Check                      Credit Card

Credit Card #: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Expiration: \_\_\_\_\_ CVC #: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please make checks payable to: **SMWN** and mail payment to: **SMWN, P.O. Box 5242, Santa Maria, CA 93456-5242** or go to [www.smwn.net/join](http://www.smwn.net/join) to pay online and submit your application electronically.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### MEMBER DUES

Membership is valid for one year, July 1 through June 30.  
Members joining after January 1st may pay \$60 for membership through June 30.