



South Shore Women's Business Network

Membership Application

This information will be used to list you in our member directory on the SSWBN website.

Name: _____ Title: _____

Business: _____

Business Address: _____

Work Phone: _____ Fax: _____

Cell Phone: _____ Email: _____

Web Address: _____

Business Category: _____

Please provide a brief business description, showcasing what you would like potential customers to know.

How did you hear about SSWBN? _____

\$75 Student/retiree \$99 Individual \$250 Company(5-9) \$500 Company (>10)

\$50 Additional Member Mail Your Check To: SSWBN, 620 County Rd, Hanson, MA 02341 or

**Bill my Credit Card:* MasterCard Visa AMEX: _____ Total \$ _____

CC# _____ Expiration Date: _____ Security Code _____

Billing Name: _____

Billing Address: _____ Billing ZIP Code _____

Signature: _____