



# 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.

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How did you hear about SSWBN? \_\_\_\_\_

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

\$50 Additional Member    Mail Your Check To: SSWBN, PO Box 1390, Plymouth, MA 02362 or scan and email to [info@sswbn.org](mailto:info@sswbn.org).

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

CC# \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Billing ZIP Code \_\_\_\_\_

Signature: \_\_\_\_\_