



Clay County
Women's Exchange

Membership Application

(please print)

Name _____

Company Name _____

Company Address _____

City _____ State _____ Zip _____

Type of Business _____

Business Phone _____

Fax Number _____

Cell (optional) _____

Email: _____

Website: _____

Home Address: _____

City: _____ State _____ Zip _____

Home Phone: _____

Preferred Mailing Address:

Home Work

Membership Application cont.

(please print)

Birthday: Month _____ Date _____
(ie: April 3 or 4/3, year not necessary)

Business Focus (in 25 words or less, describe your business or service)

I wish to have my newsletter sent to the following email address:

I wish to be included in the Online Directory also. In addition to my work phone number, please list my:

fax number _____

cell phone _____

email address

website address

I was referred by, or a guest of:

**Membership dues are
\$50.00 per calendar year**

Mail to: **CCWE**

P.O. Box 12551

North Kansas City, MO 64116

Treasurer: Paid _____ Date _____