



NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS

Inland Northwest

INLAND NORTHWEST CHAPTER MEMBERSHIP APPLICATION

ABOUT YOU

Name _____ Title _____
 Company _____
 Address _____ City, State, Zip _____
 Daytime Phone Number _____ Fax _____
 E-mail _____ Web site _____

ABOUT YOUR BUSINESS

NAICS Code: _____ to find your business NAICS Code go to - <http://www.census.gov/epcd/www/NAICSs.html>
 Percent of business ownership _____ % Year started business _____ # of full-time employees (including self) _____
 Do you conduct business internationally? Yes No If yes, in which countries? _____
 Are you certified as a vendor for any state or federal government set-aside procurement programs?
 I am a certified Woman Business Enterprise. (WBE) I am a certified Minority Business Enterprise. (MBE)

How did you first learn about NAWBO®?

Internet Television / Radio Newspaper / Magazine
 Current NAWBO Member: Name _____
 Phone: _____ Email: _____

Business Description

Please provide a short description of your business, to be included in our national membership directory. (Limit 250 characters including spaces.)

Membership Dues

Membership Processing Fee	Membership processing fee for ALL new and lapsed members	\$ 25
Annual National Dues Choose One:	<input type="checkbox"/> Student Member - \$50 <input type="checkbox"/> Emerging Business Owner - \$50 <input type="checkbox"/> Retired Member - \$50 <input type="checkbox"/> Sustaining Member - \$250 <input type="checkbox"/> Established Business Owner - \$100 <input type="checkbox"/> At-Large Member - \$120 <input type="checkbox"/> Supporting Member* - \$100 (*Supporting membership applications must be turned into the chapter; National dues are \$100)	\$
Annual Chapter Dues Inland Northwest	<input type="checkbox"/> Emerging Business Owner - \$50 <input type="checkbox"/> Established Business Owner - \$75 <input type="checkbox"/> Supporting Member - \$100 If there is a chapter within 45 miles of your business, pay both chapter and national dues.	\$
TOTAL AMOUNT ENCLOSED:		\$

Method of Payment

Check Credit Card Payment Visa MasterCard American Express
 Account Number _____ Exp. Date _____
 Name as Appears on Card _____ Signature _____

Please send your completed application (along with your check or credit card information) to be reviewed by the Board of Directors of our local chapter: **Inland Northwest Chapter of NAWBO**, P.O. Box 1712, Spokane, WA 99210.