Women's Club of Summerlin

Business Membership Application

Name: _____

Business Name: _____

Address: _____**zip** _____

Mail will be sent to this address

Home Phone: _____ **Work Phone:** _____

Fax: _____ **Email:** _____

What issues are you and your company concerned about within the community?

_____

_____

Which local charitable organization would you like to see the Women's Club of Summerlin support?

_____

_____

How many employees do you have ? _____Do you have any employees that would want to participate in our activities? _____

We have an annual fundraiser in November. Will you be able to donate a portion of your time to support this event? _____

Will you be able to volunteer for various Club activitiies during the year? _____

How did you hear about the Women's Club of Summerlin? _____

How can we become a good partner for you and your services? _____

_____

_____

Please sign and return with your annual dues
$ 55.00 – Level I –less than 5 employees
$ 80.00 – Level II – 5 to 25 employees
$ 155.00 – Level III – greater than 25 employees
Make check payable to:
Women's Club of Summerlin, Inc.
Mail to: Linda Symonds, Membership Chair, WCS
P.O. Box 370686
Las Vegas, Nevada 89137

Signed: _____ Date: _____