



**New Member Form**  
**2023-24**

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

Birthdate (month/day): \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

What is your goal in joining the Women's Network Exchange? \_\_\_\_\_

How can you help WNEA be the best networking group possible? \_\_\_\_\_

We welcome any person seeking to encourage the success of working women to become a member of the Women's Network Exchange of Arizona.

**Annual dues include name badge, and pre-filled business card case.**

**Join online at [wnea.org](http://wnea.org). Or, mail this form to WNEA P.O. Box 302, Lake Havasu City, AZ 86405-0302 or make payment in person at a WNEA meeting.**