



**NATIONAL ASSOCIATION OF
WOMEN BUSINESS OWNERS**
Fort Lauderdale/Broward County

Corporate Partner Membership Application

CORPORATE INFORMATION:

Name of Corporation: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Fax Number: _____

Website: _____

Approved By: _____

CORPORATE REPRESENTATIVE'S INFORMATION:

(The Annual Membership Fee entitles your corporation up to two representatives at each meeting/event)

Representative's Name: _____

Job Title: _____ Phone: _____

Email: _____

Brief Job Description:

How long have you been with this company: _____

Representative's Name: _____

Job Title: _____ Phone: _____

Email: _____

Brief Job Description:

How long have you been with this
company: _____



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Company Background

How long has your company done business in South Florida? _____

Who will primarily attend NAWBO events? _____

Who referred you to NAWBO? _____

Describe your products and services and how they can assist our membership:

How do you see NAWBO benefiting your company?

Other Community Involvement:

How will the partnership with your company be beneficial to NAWBO members?

There will be a brief presentation of your application to our Board of Directors (“BOD”) that is a requirement of Corporate Partner Membership. Our BOD meets every third Monday of the month. We look forward to meeting you and we will be contacting you with your presentation date.



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METHOD OF PAYMENT ENCLOSED:

___ Check (payable to NAWBO)

___ Visa / MasterCard _____ Exp. _____

Corporate Partner Membership Application

Return completed application, payment and other data to:

Inez Romaguera
c/o Strategic Benefits
15757 Pines Blvd., Ste #291
Pembroke Pines, FL 33027
inez@strategicbenefitsonline.com
Tel: 954-839-8570
Fax: 954-416-6240
Cell: 954-296-3156

Upon approval of your application we will need an electronic copy of your company's logo, an electronic copy of your representative's business card for our directory, website and newsletter.

View our website at www.NAWBO-FTL.org

Thank you for your time in thoroughly completing this application and your expressed interests in becoming a part of NAWBO.

Date Received _____

Payment _____

Screened By _____

Date _____

Comments _____

Date Approved _____