Kansas BPW Membership Application

***Contact Information***

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City, State Zip Code |  |
| Home Phone # |  |
| Work Phone # |  |
| Cell Phone # |  |
| Email Address |  |
| Birthday (MM/DD) |  |

***Membership Category***

\_\_\_\_ Active $60 a year

\_\_\_\_ Student $30 a year

\_\_\_\_ Youth Affiliate $12 a year

Partial dues: If joining or renewing on other than July 1st through September 30th please pay according to the following schedule: October 1st through December 31st (3/4 dues), January 1st through March 31st (1/2 dues), and April 1st through June 30th (1/4 dues).

***Employer Information***

|  |  |
| --- | --- |
| Employed by |  |
| Position Held |  |

***Local Organization/Sponsor***

|  |  |
| --- | --- |
| Local Organization |  |
| Sponsoring Member  |  |
| Date |  |

***Dues***

\_\_\_\_ Local Dues (if applicable) Please make check payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ State Dues Local Treasurer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Total Dues Amt remitted to Kansas BPW: \_\_\_\_\_\_\_\_\_\_\_

