



NAWBO
CHICAGO
National Association of Women Business Owners



Membership Application

First Name: _____ **Last Name:** _____

Company: _____ **Title:** _____

Business Address: _____ **City/State/Zip:** _____

Phone: _____ **Email:** _____

Website: _____

Membership Level:

☐ Premier Member ☐ Introductory Member ☐ Supporting Member

Referred by: _____

Payment Information:

American Express Discover Mastercard Visa

Card Number: _____ CVV: _____ Expiration: _____

Billing Address: _____

Signature: _____

Number of full-time employees (including yourself):

1-4 5-9 10-19 20-49 50-99 100-249 250-499 500+

Number of part-time employees:

1-4 5-9 10-19 20-49 50-99 100-249 250-499 500+

Percent of Ownership:

Non-business owner Less than 50 More than 50 100 percent

Certifications Held: _____

Reason for joining (check all that apply):

_____ Advocacy National Representation

_____ Networking Opportunities

_____ Business Development

_____ Visibility and Media Opportunities

_____ Chapter Programs

_____ Other: _____