

Chicago Women in Publishing Membership Form

Please complete all information requested below.

Name _____

Work Information

Job Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Home Information

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Send CWIP mail to my Business Home

Include in the CWIP Membership Directory the following address(es):

Business only Home only Both

Note: Unless you specify differently, both home and business information will appear in the Membership Directory.

Type of business (Check only one)

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Association | <input type="checkbox"/> Publisher |
| <input type="checkbox"/> Independent Consultant or Freelancer | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Owner/Operator | <input type="checkbox"/> Vendor |
| <input type="checkbox"/> College or University | <input type="checkbox"/> Other |

Are you a manager or supervisor? Yes No

CWIP sometimes lends its mailing lists to other organizations with similar goals and interests. Please check here if you prefer not to receive these mailings.

Membership Categories

Premium Membership — \$100

Includes free admission to all monthly programs.

Basic Membership — \$75

Affiliate Membership — \$40

To qualify, you must live more than 100 miles outside of Chicago.

Student or Senior Membership — \$35

Please submit proof of registration for 12 student hours or proof of age 65 or older.

Corporate Membership — \$250

Features three one-year, transferable memberships for sponsoring organization.

Method of Payment

Check Money Order

Payable to *Chicago Women in Publishing.*

Mail this application with your payment to:

Chicago Women in Publishing
P.O. Box 268107
Chicago, IL 60626

