

# BWN Membership Application

Date: \_\_\_\_\_

Applicant Name \_\_\_\_\_

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

Applicant Position  Owner  Manager  Other, describe: \_\_\_\_\_

Street Address \_\_\_\_\_

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

eMail Address \_\_\_\_\_

Telephone \_\_\_\_\_

Web Address \_\_\_\_\_

In detail, describe your business \_\_\_\_\_  
\_\_\_\_\_

Why do you want to join BWN? \_\_\_\_\_  
\_\_\_\_\_

How would you like to participate? \_\_\_\_\_  
\_\_\_\_\_

Will you join in co-op advertising?  No ;  Yes ; How much will you spend each year? \$ \_\_\_\_\_

How will you promote members? \_\_\_\_\_  
\_\_\_\_\_

What do you want BWN to do for you? \_\_\_\_\_  
\_\_\_\_\_

Other Comments \_\_\_\_\_

Dues Enclosed  \$75, Regular Membership  \$35, Associate Membership \_\_\_\_\_

## BWN Board Use

Snail Mail to: Sharon Keating, 5983 Hwy. 53 E, Suite 200, Dawsonville, GA 30534  
or fax to: 706-265-4132