

Membership Application

3 Membership Processing Options:

- online **www.professionalwomenschanber.com**, go to "Our Chambers" then select "Professional Women's Chamber"
- via **phone**...call us at **413-787-1555**
- or **fax**...please fax this application to **413-755-1352**

Date of Application _____

Name _____

Title _____

Company Name _____

Type of Business _____

Address _____

City _____ State _____ Zip _____

Phone _____

Fax _____

E-Mail _____

Committee Interests _____

Please send \$75 membership fee, per person to:

Professional Women's Chamber

c/o The Affiliated Chambers of Commerce of Greater Springfield, Inc.

1441 Main Street, Springfield, MA 01103

If paying by Credit Card:

___ Visa ___ MC ___ Amex ___ Discover

Credit Card No. _____

Exp. Date _____

Signature _____