

**Women of Flower Mound
Membership Application 2010-2011
June 1, 2010-May 31, 2011
Please print all information clearly**

NAME: _____
 New Member _____ Referred by _____ Returning Member _____

ADDRESS: _____
 CITY AND STATE: _____
 ZIP CODE: _____

HOME PHONE NUMBER: _____
 CELL PHONE NUMBER _____
 WORK PHONE NUMBER _____

EMAIL ADDRESS: _____
 (Be sure to go to our website www.womenofflowermound.org to subscribe to our newsletter)

BIRTHDAY: Month _____ Day _____

Dues: \$35.00 per year after August 31, 2010 _____
 Senior discount (60 and over) \$12.00 per year _____
 I would like to make an additional donation of \$10 (or more) _____
 Directory Ad (See prices below) _____

If mailing, return to: **TOTAL PAID** _____
 Women of Flower Mound
 PO Box 270686
 Flower Mound, TX 75027

PLEASE INDICATE COMMITTEE(S) IN WHICH YOU ARE INTERSTED

Fall Festival _____	Fundraising _____	Fashion Show (select below)
Adopt-A-Family _____	Socials _____	Stores/Models _____
Holiday Stroll _____	Scholarship _____	Decorations _____
Easter Sunrise _____	Membership _____	Music _____
Independence Day _____		Donations/Silent _____
		Auction _____
		Sponsors/Sales _____

Directory Advertisement Information-for Members only:
(No ads accepted after 11/15/2010)

\$20/business card	_____
\$50/half page	_____
\$100/full page	_____
\$200/inside back cover	_____
\$250/inside front cover	_____
\$300/back cover	_____

Please include ad copy as a business card (Please do not staple it to this form) or a jpeg file to coneick52@tx.rr.com .

Business name _____
 Business email and/or website _____
 Type of business _____

Women of Flower Mound is a 501(c) 3 organization. We do not endorse, participate or engage in any political campaigning or fundraising.

For office use: Payment received _____ Form of payment: Check # _____ Credit Card _____ Cash _____
 Ad info received _____ Spreadsheet Update _____ Forwarded to _____ New Member Packet _____