



<h2 style="margin: 0;">Membership Application</h2>		
Name:		
Address:		
City/State:	Zip Code:	Email:
Telephone:	Birthdate (Month/Day):	
<b>Prospective Member Information</b>		
<p>Would you be able to fulfill the obligations of our organization (i.e., meet the 3rd Sat, Sept-June in person/zoom at 1:00 pm, serve on committees to advance our mission, and pay \$100 annual dues)?</p> <p>Yes <input type="checkbox"/>    No <input type="checkbox"/></p>		
How and when did you first hear about WO-BE-CO, Inc.?		
Why do you want to become a member of WO-BE-CO, Inc.?		
What experiences and skills do you possess that you believe would be of value to the organization?		
Briefly describe your participation and active involvement in other social, civic, business, or professional organizations?		
Signature:		Date: