

Shandaken Women's Network

--Your forum for the exchange of ideas and information to enhance the quality of women's lives in the Catskill Region

Membership Application

Name _____ Date of Application _____

Mailing Address _____

Home Phone _____ Business _____

Email _____

Occupation/Position/Title _____

Website _____

Check the topics that interest you:

- Arts & Cultural Pursuits
- Gardening
- Professional Development
- Job Opportunities
- Career Transition
- Self-Improvement
- Child/Youth Interests
- Leadership Seminars
- Entrepreneurship
- Community Involvement
- Legal Issues
- Social Issues
- Computers
- Travel
- Literary Pursuits
- Stress Management
- Cooking
- Time Management
- Marketing a business
- Educational Issues
- Music/Dance
- Women's Health
- Environmental Issues
- Women's Political Issues
- Living Alone
- Physical Fitness
- Financial Management
- Writers Workshop
- Other _____

Skills/Interests/Hobbies _____

Suggestions to help us serve your needs _____

Who or what source connected you with SWN? _____

Annually, we need Board members. Would you like to be considered in the future? Yes No Perhaps

We need coordinators and committee members. Would you like to be considered? Yes No Perhaps

***Annual dues are \$15 made payable to the Shandaken Women's Network
Att: Membership Committee, P.O. Box 144, Boiceville, NY 12412 or
bring check and application to our monthly meeting
(for info on upcoming meetings check our website at www.shandakenwomen.net)***

New Member Renewal; member since _____ Check received _____ Expiration _____

SWN Business Directory

SWN is creating a Business Directory for members to advertise their business. The purpose of this directory is to facilitate referrals. Please provide the following information if you would like to be included in this directory:

Name:

Name of Business, if different:

Position / Title:

Business Address:

Business Telephone:

Fax:

Email:

Website:

How do you want to be listed? (more than 1 category is permitted / no limit)

One sentence Description/Type of business or services:

Geographical limitations, if any, for referrals:

If you do not wish to list a business, is there other information re activities/skills you are involved in that you would like to share with others?

(Please do not list hobbies and interests, which are noted on your Membership form)

POSTING & RECEIVING E-MAIL BULLETINS from SWN members and contact list

Would you like to send out and receive e-mails regarding services from fellow SWN members and guests? Yes _____ No _____

Guidelines for posting: I agree to keep posts brief and relevant to the membership and as SPAM hurts our membership, I agree not to share e-mails or membership information to third parties, especially for the purpose of marketing or solicitations.

Signature: _____ Date: _____