

BPW Niagara Falls Membership Application

Applying for a Corporate Membership? Please request the Corporate Membership Application; this application is for individual memberships.

I hereby apply for membership in BPW Niagara Falls and agree to comply with the By-laws of the Club (By-laws can be obtained from the Membership Chair). *Indicate required fields and fill in your preferred phone number.

*Appli	catio	on Date:			
*Name Addres Code)	_	Street, City, Postal			
*Home Phone:				*Business Phone:	
*E-Mail:				*Cell Phone:	
*Occu	oatio	on:			
		and Position:			
	Hov	w Did You Learn About E	BPW? Check all that apply.		
		BPW Website:	Please specify:	☐ Niagara Falls ☐ Ontario ☐ Canada	
		BPW Niagara Falls Soc	ial Media: Please specify:	☐ Facebook ☐ X (Twitter) ☐ Instagram ☐ LinkedIn	
			Fill in Member's Name & Club:		
		BPW Event:	Please specify:		
		Other:	Please specify:		
Payment	ent Method: Cheque Payable to "BPW Niagara Falls" E-Transfer to meetings@bpwniagarafalls@gmail.com Joining between May 1 – Dec 31: I enclose payment for current year's membership of \$175.00. Membership renewal will be May 1 of the following year. Student: Joining between May 1 – Dec 31: I enclose payment for current year's membership of \$124.00. Membership renewal will be May 1 of the following year. To qualify for the student rate, you must be enrolled in at least 60% of full-time study in a post secondary educational institution. Joining between Jan 1 – April 30: Contact BPW Niagara Falls, Membership, Charmaine Grace or 50% of \$175.00 = \$87.50 I am a Young BPW Member (35 years old or younger).				
	☐ Cheque payment method: Please submit completed application & cheque payable to Business and Professional Women of Niagara				
	Falls, to: Nancy Broerse, BPW Niagara Falls Treasurer, PO Box 18, Virgil, ON L0S 1T0				
	E-Transfer to meetings.bpwniagarafalls.@gmail.com Please email completed application to PO Box 18, Virgil, ON L0S 1T0				
	or vide levels from o	I hereby give consent for BPW Niagara Falls to use my personal information on this application and/or use and distribute my image or voice in photographs or video for the sole purpose of providing benefits of membership (i.e. Newsletters, Annual Reports, Website, Social Media as appropriate) within the different evels of the BPW organization (BPW Niagara Falls, BPW Ontario, BPW Canada, BPW International). I further agree to protect members' personal information from distribution, publication or any commercial use whatsoever. I hereby give consent for my personal information to be distributed to other members on the BPW Niagara Falls membership roster as described immediately			
	□ I h	ereby give consent for BPW Niagara Falls to email communications to me. This confirms your subscription and grants BPW Niagara Falls permission to ou. You can revoke permission to mail to your email address and any time by using the Safe Unsubscribe link found at the bottom of every email.			
Signature	_	Quest	ions? Please contact Membersh	ip Chair: Charmaine@charmainegrace.com	
		kecutive Board: Date:		embership Chair:	