



Business and Professional Women of Niagara Falls Membership Application

Applying for a Corporate Membership? Please request the Corporate Membership Application.

I hereby apply for membership in **Business and Professional Women of Niagara Falls (BPW Niagara Falls)** and agree to comply with the Bylaws of the Club (Bylaws can be obtained by emailing bpwniagarafalls@gmail.com).

**Indicates required fields and fill in your preferred phone number.*

*Application Date:

*Name:

*Address: (Street, City, Postal Code)

Cell Phone:

Business Phone:

*E-Mail:

Landline:

*Occupation:

*Company and Position:

How Did You Learn About BPW? Check **all** that apply.

<input type="checkbox"/>	BPW Website:	Please specify:	<input type="checkbox"/>	Niagara Falls	<input type="checkbox"/>	Ontario	<input type="checkbox"/>	Canada
<input type="checkbox"/>	BPW Niagara Falls Social Media:	Please specify:	<input type="checkbox"/>	Facebook	<input type="checkbox"/>	Instagram	<input type="checkbox"/>	LinkedIn
<input type="checkbox"/>	Member:	Fill in Member's Name & Club:						
<input type="checkbox"/>	BPW Event:	Please specify:						
<input type="checkbox"/>	Other:	Please specify:						

BPW Niagara Falls Fiscal Year starts May 1 and ends April 30

Please tick payment method and all other boxes that apply.

Payment Method: ☐ **e-Transfer & email completed application to: meetings.bpwniagarafalls@gmail.com**

- ☐ **Joining between May 1 – December 31:** — current year's membership is \$175.00.
- ☐ **Student Joining between May 1 – December 31:** — current year's membership is \$124.00. *To be eligible for the student rate, you must be enrolled in a **minimum of 60% of a full-time course load** at a recognized post-secondary institution.*
- ☐ **Young BPW Joining between May 1 – December 31:** (35 years old or younger) — current year's membership is \$124.00.
- ☐ **Joining between January 1 – April 30:** — e-Transfer 50% of each fee.
- ☐ **Cheque payment method if needed:** Please mail 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**

☐ I consent to BPW Niagara Falls using my personal information and image or voice (in photos or videos) solely to support BPW membership benefits (e.g., newsletters, reports, website, and social media) at all organizational levels. I also agree to safeguard members' personal information from unauthorized use or distribution.

☐ I consent to the inclusion of my personal information in the BPW Niagara Falls membership roster, as outlined above, for distribution to fellow members.

☐ I consent to receiving email communications from BPW Niagara Falls. This confirms my subscription and grants permission to contact me by email. I may withdraw this consent at any time using the Unsubscribe link provided in each message.

Signature: _____

Questions? Please contact bpwniagarafalls@gmail.com

Approved by Executive Board: _____ Date: _____ Membership Chair: _____