



INVOICE

Date: 1/31/2012
To: PWI Members
Re: Annual Membership Dues \$55.00

Please return this invoice with your payment to the address noted below.
Your canceled check will serve as your receipt.
Thank You!

**Professional Women's Initiative
Director of Membership
981 Galena Square Drive # 175
Galena, IL 61036**

Name: _____ Business Name: _____
Title: _____ Mailing Address: _____
Contact Phone: _____
Referred by: _____
*E-Mail Address: _____

**Please limit the use of PWI member emails for one-on-one communications.
Sending one or more emails from the directory list to market your business,
it now considered a commercial email and you must follow the CAN-SPAM Act of 2003.**

If you are interested in taking on a more active involvement in PWI, there are some ways to get involved.
Please mark any that you would be interested in.

Speaker Topic(s) _____

_____ Help Write Article(s) For Newsletter Topic(s) _____

Help in the Planning and Coordination of the Following:

_____ Holiday Party _____ Booth Event