

We invite you to  
share this  
application with a  
friend



*"Connecting women personally, professionally and philanthropically."*

## MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

Name:

Home Address:

City, State, ZIP Code:

Work Address:

City, State, ZIP Code:

Email address:

Phone #: Home:

Work:

Cell:

Preferred mailing address:

WORK

HOME

Invited to join by:

### EDUCATIONAL INFORMATION

High School:

Year Graduated:

College/Business/Technical:

Year Graduated:

### OTHER ORGANIZATION/CHURCH AFFILIATIONS & LEADERSHIP POSITIONS HELD

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- 
- 
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### EMPLOYMENT BACKGROUND

Current Employer:

Title:

Responsibilities:

Previous Employer:

Title:

Responsibilities:

# MEMBERSHIP APPLICATION

What is one professional accomplishment you're most proud of and why?

What advice do you have to offer another who is starting out or evolving in their career?

In what ways do you look to make contributions in your community?

## Membership Dues (Please check one)

### Current Members:

- \$175: \$75 dues plus \$60 for EMPOWERED Scholarship Fundraiser Event and \$40 for October Recognition Event Tickets (due July 1)
- \$295: \$75 dues plus \$60 for EMPOWERED Scholarship Fundraiser Event, \$40 for October Recognition Event Tickets and 11 lunches for the price of 10 \$120 (due July 1)
- Please contact Becky Pyburn, LAPW Treasurer, at [Rebecca.Pyburn@wellsfargo.com](mailto:Rebecca.Pyburn@wellsfargo.com) or 320-762-2181 if you are unable to pay the dues in full and would like to set up a payment plan.

### New Members joining during the membership year qualify for the following prorated rates:

- \$175 effective July – October: \$75 dues + \$40 Recognition Event + \$60 EMPOWERED tickets
- \$120 effective November – April: \$60 prorated dues + \$60 EMPOWERED tickets
- \$40 effective April – June: \$40 prorated dues

Participation on one or more of our various committees provides an important opportunity for members to connect with others and become involved in the planning for our signature events and programs. I am interested in sharing my talents with the following committee(s):

- |   |   |
|---|---|
| <input type="checkbox"/> Membership/Mentoring     | <input type="checkbox"/> Events/Philanthropic (Socials, Theatre)                  |
| <input type="checkbox"/> Recognition Event        | <input type="checkbox"/> EMPOWERED Event (Scholarship Fundraiser)                 |
| <input type="checkbox"/> Scholarship              | <input type="checkbox"/> Programming (Monthly Membership Meetings, Growth Events) |
| <input type="checkbox"/> Communications/Marketing |   |

Please mail the completed LAPW application along with your check to:

**Lakes Area Professional Women**  
P.O. Box 214  
Alexandria, MN 56308