

California Federation of Business and Professional Women

Dues Transmittal Form

Local Organization: _____ Date Submitted: ___ / ___ / ___ Total Remitted: \$ _____ Ck#: _____

Please indicate if there is a change in the information.

Member's Name _____	Like to be called _____	Date originally joined BPW _____
<input type="checkbox"/> Mailing Address _____	City _____	State _____ Zip _____
<input type="checkbox"/> Home phone _____	<input type="checkbox"/> Business Phone _____	<input type="checkbox"/> Cell (Optional) _____
<input type="checkbox"/> E-Mail address _____	<input type="radio"/> New Member Referred by: _____	<input type="radio"/> Student <input type="radio"/> Continuing/Renewing
<input type="checkbox"/> Occupation _____	<input type="checkbox"/> Employer _____	<input type="checkbox"/> Retired from: _____

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<input type="checkbox"/> E-Mail address _____	<input type="radio"/> New Member Referred by: _____	<input type="radio"/> Student <input type="radio"/> Continuing/Renewing
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<input type="checkbox"/> Occupation _____	<input type="checkbox"/> Employer _____	<input type="checkbox"/> Retired from: _____

2010 State Dues = \$18.75 for Renewals from January 1 to April 30

Within 30 days of collection, forms and payment (payable to CBFPW) should be mailed to
CABPW Box 370, The UPS Store, 7485 Rush River Drive Suite 710, Sacramento CA 95831

Please make a copy for your records.