



SMC MEMBERSHIP APPLICATION



FAX, EMAIL OR MAIL THE APPLICATION & PAYMENT TO BIA BAY AREA

Name (Mr./Mrs./Ms.) _____

Job Title _____

Company _____

Type of Business _____

Business Address _____

City _____ State _____ Zip _____

Work Phone (____) _____ Work Fax (____) _____

Cell Phone (____) _____

Email (required) _____

Home Address (optional) _____

City _____ State _____ Zip _____

Home Phone (____) _____ Home Fax (____) _____

SEND MY MAIL TO Business or Home

SMC Sponsor Name _____

Sponsor Company _____

ANNUAL DUES: <input type="checkbox"/> \$75 (Includes membership in NSMC):	SALES AGENTS: Display your Sales Awards prominently with an attractive rosewood plaque. Holds up to 12 awards.
TOTAL SUBMITTED WITH APPLICATION: \$ _____	<input type="checkbox"/> YES, please order the plaque for an additional \$75
PAYMENT METHOD:	

Check (payable to BIA BAY AREA) Visa MasterCard Discover AMEX
Reference "Women's Council" on your check

Card #: _____ Exp.: _____ Security Code: _____

Billing Street Address: _____ Zip: _____

Card Issue To (Print Name): _____

Signature: _____

<p>Your company MUST be a current & active member of BIA Bay Area for you to belong to SMC. Membership is on an <i>individual</i> basis. Membership effective upon receipt of a completed, signed application with dues payment. Dues are non-refundable. Return application & payment by fax: (925) 274-1355, via email: bfleming@biabayarea.org or by mail: BIA Bay Area, 101 Ygnacio Valley Rd., Ste 210, Walnut Creek, CA 94596, (925) 274-1368</p>
