

NWN Membership Application Form

Please Complete

First Name: _____ Surname: _____

How did you find out about NWN? _____

Which Branch do you nominate as your home branch? _____

Job Title: _____ Date of Birth: _____

Business Name: _____ Type of Business: _____

Business Address: _____

Business Postcode: _____

Work Phone: _____ Mobile: _____

Email: _____ Website: _____

Twitter ID: _____ LinkedIn: _____

The member directory will include your name, your business name, your contact number and website. You can include up to 30 words description about your business:

Membership Fee – as advised by your recruiter

Payment options:

Option 1: Direct payments can be made to Network National, Sort code: 30-90-85, Account No: 01153068 (use your name as reference) then email or hand in the membership form at a meeting or

Option 2: by cheque payable to 'Network National' along with a printed version of this form to a committee member or hand in at a meeting

I have read the NWN [Rules & Constitution](#)

Signed by New Member: _____ Date: ____ / ____ / ____

Signed by Committee Member: _____ Date: ____ / ____ / ____

If you are not happy for photos taken of you at our events to be included on our website, please tick here

If you have any difficulties completing this form, please contact Angela Dawson on 07855 746777 or at administrator@national-womens-network.co.uk

Data Protection: *NWN adheres to the Data Protection Act 1998 and will protect your personal data. We will not divulge it to anyone outside the organisation.*

For Office Use:

Paid: Yes / No Date: ____ / ____ / ____ Amount: £ _____ Method: _____