



Membership application

***Name:** _____

***Title:** _____

***Company:** _____

How long with present company? _____

***Business Address:** _____

Home Address: _____

***Business phone:** _____

Home/Cell phone: _____

Fax# _____

***Email:** _____

Website URL: _____

Referred by: _____

Birthday (month/day) _____

*=info will appear on membership directory.

On the back, please list any other businesses that you represent (ie: Avon, Scentsy, etc), as we are all your potential customers and we may have opportunities for vendors or donors at future events. Indicate a * by it if you'd like it noted on the membership directory.

Annual Membership is \$50.00, payable to MSWIT.

Date Paid _____ Cash/Check # _____