



NEW MEMBER APPLICATION

APPLICANT INFORMATION

Name: _____

Company: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Email: _____

Website: _____

Company Description for membership directory (250 words or less):

Other Affiliations: _____

DUES STRUCTURE

Annual Membership Fee:

**All employees are included in membership*

Individual Membership	\$150.00	<input type="checkbox"/>
SBE Company Membership*	\$250.00	<input type="checkbox"/>
Corporate Membership*	\$550.00	<input type="checkbox"/>

Referred by: _____

Do you want to be listed on the WCC's online directory? Yes No

Are you interested in volunteering for one of WCC's committees?
 Membership Events
 Mentoring Marketing/Promotions

Signature of applicant: _____ **Date:** _____

PLEASE MAKE CHECK PAYBLE TO: Women's Construction Coalition
Mail Check to: 9187 Clairemont Mesa Blvd., Ste. 6-740, San Diego, CA 92123
Email Application and Company Logo (Vector Art - .png or jpeg) to: Jennifer@wccsd.org

Pay by credit card at www.wccsd.org