



WOMEN BUSINESS OWNERS of Southeastern Michigan

MEMBERSHIP APPLICATION

Please complete the application and send, with your check for \$55.00 annual fee, to:

WBO, PO BOX 1936, Ann Arbor, MI 48106

Member's Name: _____

Business Name: _____

Business Structure: Sole Proprietor Partnership LLC S Corp C Corp

Business Started In: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Alternate Phone: _____

Fax: _____ Mobile: _____

Email: _____

Website: _____

Would you like to offer a Member-to-Member Discount? If yes, please describe:

Do you want to receive WBO's Electronic Newsletter? (Circle one) Yes No

Describe what you seek to attain from joining WBO:

In three (3) sentences or less, please describe your business as you would like it to appear on our website, www.wbo-mich.org

