

# Application - Join LCBW Today!



PLEASE PRINT NEATLY • This is the advertising information that will be published.

Company: \_\_\_\_\_

Primary Name: \_\_\_\_\_  Corporate  Personal

Address: \_\_\_\_\_ # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

• Direct Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_ • Permission to Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

• Toll-Free Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_ • Cell Number: ..... ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Permission to E-Mail: \_\_\_\_\_

\*Web Site Link: www. \_\_\_\_\_

Main Category: \_\_\_\_\_ Category #2: \_\_\_\_\_ Category #3  Add'l \$50: \_\_\_\_\_

Language(s) Spoken:  English  Spanish  German  Other: \_\_\_\_\_

Business Description: (Up to 100 words): \_\_\_\_\_

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<p><b>BUSINESS</b> FULL YEAR</p> <p><input type="checkbox"/> First Woman ..... \$195</p> <p><input type="checkbox"/> Each Add'l Woman ..... x \$50 (List Below)</p> <p><input type="checkbox"/> Corporate Package ..... \$795 (Includes All Additional Services except Billboard)</p>	<p><b>ADDITIONAL SERVICES</b> FULL YEAR</p> <p><input type="checkbox"/> Photo &amp; Logo Online ..... FREE</p> <p><input type="checkbox"/> Coupon Online (PDF) ..... FREE</p> <p><input type="checkbox"/> eNewsletter Ad (Business Card, Monthly) ..... \$25</p> <p><input type="checkbox"/> Networking Event Sponsor (Table Top) ..... \$25</p> <p><input type="checkbox"/> Business Card Online (PDF) ..... \$50</p>	<p><input type="checkbox"/> Brochure Online (PDF) ..... \$75</p> <p><input type="checkbox"/> Membership Mail List (csv format) ..... \$75</p> <p><input type="checkbox"/> Video <input type="checkbox"/> Audio (Your Production Online) each ..... \$95</p> <p><input type="checkbox"/> *Web Link to Your Web Site ..... \$95</p> <p><input type="checkbox"/> Web Banner (Home Page \$295) Category Page .... \$95</p> <p><input type="checkbox"/> InfoCenter Lobby Billboard Excl C.Pkg. .... \$495</p>
Add'l Woman: _____	E-Mail: _____	
Add'l Woman: _____	E-Mail: _____	

CC#: \_\_\_\_\_ CCV# [ \_\_\_\_\_ ]

VISA • MC • AMEX • Discover • Billing Address : \_\_\_\_\_ Zip Code : \_\_\_\_\_ EXP: \_\_\_\_ / \_\_\_\_

Check # \_\_\_\_\_ Payable to: Lee Collier Business Women (LCBW)  
 13611 McGregor Blvd #8 • Fort Myers, Florida 33919  
 (239) 985-0400 • FAX: (239) 931-0917 • www.LeeCollierBusinessWomen.com

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**X** Authorized Signature: \_\_\_\_\_

PRINT: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_