



Member Information Sheet

Date _____

Please print clearly, so your directory and mailing information will be correct.

Ms/Mrs./_____ Name _____

Where should FNEW flyers be mailed? WORK __ HOME __ E-MAIL __ **Be sure this information below is complete.**

H
O
M
E

Home Address _____

City, State, Zip _____

Telephone _____ Fax _____

E-mail _____

Occupation/Position: _____ Industry: _____

Company/Organization _____

W
O
R
K

Street Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

FNEW needs your active participation in order to fulfill our mission.

==> Please select your committee preference for the year:

Membership _____ Program _____ PR/Comm. _____ Golf _____ Meeting Setup/Cleanup _____

Single Projects _____ Board Member-At-Large _____

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Knowledge to share with the Network: _____

Other Affiliations/Memberships _____

Leisure Time Interests _____

How did you learn about FNEW? Bulletin __ Newspaper __ Specify: _____

Colleague/Friend: __ Specify: _____ Other _____

Membership Rate: \$95.00 per year. Make check payable to FNEW, P.O. Box 262, Westport, CT 06881