



Fairfield Network^{of} Executive Women

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Member Information Sheet

Date _____

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

Ms. /Mrs. Name: _____

E-Mail Address: _____

Home Address: _____

City, State, Zip: _____

Cell: _____ Home: _____

Occupation: _____ Company/Organization: _____

Street Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

Knowledge to share with the Network: _____

Other Affiliations/Memberships: _____

How did you learn about FNEW? Bulletin: _____ Newspaper: _____ Internet: _____ Website: _____

Colleague/Friend: _____ Other: _____

Membership Rate: \$80.00 per year. Make check payable to FNEW, P.O. Box 262, Westport, CT 06881