



# TANGIPAHOA

PROFESSIONAL WOMEN'S ORGANIZATION

**Personal Information:**

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

Work Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Please indicate your preferred mailing address:  Home  Work Date of Birth: \_\_ mo \_\_ day

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Member of Local** – By joining our organization, you'll have access to meeting and networking opportunities in Tangipahoa area. **Dues are \$75.00 annually.**

**Send to:**

Tangipahoa Professional Women  
PO Box 1630  
Ponchatoula, LA 70454

**Professional Information:**

- Government  Professional Services  Finance/Insurance  Retail Trade
- Assoc./Non Profit  Communications  Manufacturing  Educational
- Health/Medical  Retail Service  Construction  Real Estate
- Other  Self Employed

**Workplace Profile:** number of employees

- 1-10  11-50  51-100  101-500  501 or more

**Occupation:**

- Professional (Teacher, Lawyer, Physician, Nurse, Engineer)
- Managerial (President, CEO, Business/Department Manager)
- Administrative/ Clerical
- Sales or Service (Insurance, Real Estate, Retail, Customer Service Rep.)

If a TPW member assisted you in learning about our organization, please list his or her name here so we may thank him/her

\_\_\_\_\_

Recruited By: \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_