



TANGIPAHOA

PROFESSIONAL WOMEN'S ORGANIZATION

Personal Information:

Name: _____ Business Name: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Cell: _____ Email: _____

Date of Birth: __ mo __ day

Please check: _____ New Member _____ Renewing Member

Member – By joining The Tangipahoa Professional Women’s organization (TPW), you’ll have access to meeting and networking opportunities in the Tangipahoa area. (This is an Individual membership and is **non-transferable**.)
Dues are \$75.00 annually.

Send to:

Tangipahoa Professional Women
PO Box 1630
Ponchatoula, LA 70454

Professional Information:

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Government | <input type="checkbox"/> Professional Services | <input type="checkbox"/> Finance/Insurance | <input type="checkbox"/> Retail Trade |
| <input type="checkbox"/> Assoc./Non Profit | <input type="checkbox"/> Communications | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Health/Medical | <input type="checkbox"/> Retail Service | <input type="checkbox"/> Construction | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Other | <input type="checkbox"/> Self Employed | | |

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 her name here.

Invited by: _____

Date: _____

Signature _____

Date: _____