



# 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. Student Membership Dues are \$35.00 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: \_\_\_\_\_