Williamsburg Business Professionals

"A Business Networking Organization
Dedicated To Business Development through the Fellowship of Its Members"

461 McLaws Circle
Williamsburg, VA 23185

Membership Application

Applicant's Name:			Date: Daytime Phone: ( )
Business Name:			Evening Phone: ( )
Business Address:			Cell Number: ( )
City:	State:	Zip:	**Dues $5 / Month, Payable every June and December in the amount of $30 – Please make check payable to "Williamsburg Business Professionals" and submit to Carleen Peterson at our regular meetings.** **Each Member is requested to attend 80% of the regular weekly meetings.** **Please do not bring guests that overlap one of our regular members' skills or professions.**
Name of Sponsoring Member:			
E-Mail Address:			
Describe Your Product or Service (be specific):			
Spouse or Significant Other - Name:			
Mailing Address (If different from above):			
City:			
State:	Zip:		