

Kansas City Express Network (KCEN) Application

American Business Women's Association (ABWA)

January- December Annual Dues \$60.00 per Member (\$15 per quarter pro-rated for new members)

Please provide a check or credit card for your local KCEN dues/Information is for our Member Roster

First & Last Name: _____ Date: ____/____/____

Address: _____

City/State/Zip _____

Business Name/Profession:

Work Phone: (____) ____-____ Cell: (____) ____-____

Email: _____

Birth Date: Month/ Day: ____/____

How did you learn about us?

Sponsor Name: _____

Website ABWA National

Payment: \$_____

Check

Credit Card (MasterCard/Visa/Discover)

Information below needed only if CC is not processed at the meeting.

Card # ____-____-____-____ Exp. Date: ____/____

Zip Code of Billing Address _____

Authorization Code _____

Signature _____

For KCEN USE ONLY

Date Joined National: _____ Date Joined Local: _____