



Professional Women's Network of Oregon
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Membership Information

Name:

Title:

Company/ Business Name:

Work Information:

Address:

Phone:

Fax:

Email:

Website:

Home Information:

Address:

Phone:

Email:

Professional Affiliations: (List affiliations, memberships, and offices held in professional, personal, and civic organizations)

Business Description: (Describe your business/service, this may be edited for length)

Passions in Life:

*Please indicate your preferred email and phone number

