



**SOUTHWEST MONTANA PROFESSIONAL WOMEN IN BUILDING
MEMBERSHIP AND BOARD APPLICATION**

Name: _____

Address: _____

Occupation: _____

Business Phone: _____

Mobile: _____ Home: _____

Email: _____

Website: _____

Length of time you have worked in the building or related industry: _____

Area resident since: _____

SWMBIA membership status: _____ Builder Member
_____ Associate Member
_____ Affiliate Member

SWMBIA Member since: _____

At what capacity are you interested in being involved? (check all that apply)

- PWB Member Only
- PWB Committee Member
- PWB Board Member

PWB Fees \$95 (\$45 stays local)

Payment Method: Check/Money Order to SWMBIA Credit Card - Visa / MasterCard

Credit Card Number: _____

Credit Card Expiration Date: _____

Billing Address: _____

Same as above

Name as it appears on the card: _____

Signature: _____

Please complete next page if you are interested in serving on the PWB Board or Committees.

Please check the skills you possess:

<input type="checkbox"/> accounting	<input type="checkbox"/> management	<input type="checkbox"/> public relations
<input type="checkbox"/> finance	<input type="checkbox"/> marketing	<input type="checkbox"/> event management
<input type="checkbox"/> fundraising	<input type="checkbox"/> public speaking	<input type="checkbox"/> community relations
<input type="checkbox"/> planning	<input type="checkbox"/> advocacy	<input type="checkbox"/> legal
<input type="checkbox"/> computers	<input type="checkbox"/> human resources	<input type="checkbox"/> other: _____

Please list any local organizations (charitable, trade associations, chamber, professional, fraternal, youth, service, club, etc) with which you are currently affiliated:

Can you regularly attend monthly board meetings? yes no
 Can you regularly attend monthly committee meetings? yes no

How much time each month can you realistically give this organization in addition to the regular monthly Board meetings? _____hours/month

Are you interested in serving on the PWB Board of Directors? yes no

Are you interested in serving on a PWB Committee? yes no
 If so, please indicate the committee of most interest to you (1-4):

<input type="checkbox"/> Membership	<input type="checkbox"/> Sponsorship
<input type="checkbox"/> Outreach/Advocacy	<input type="checkbox"/> Events & Networking

Please describe your reasons for desiring to serve on the PWB Board and/or Committee?

Please describe any experience you have had with SWMBIA projects, events, activities, committees, or leadership roles:

What skills, expertise, or experience will you bring to the PWB?

Indicate what type of meeting is most convenient for you: (circle one)

Time: Breakfast Lunch Dinner Other

Day of the Week: _____ Week of the Month: _____

Please give the name, company and phone number of three local references:

1. _____
2. _____
3. _____

Signature _____ Date _____