



# County Women's Network Membership/Renewal Application

Date: \_\_\_\_\_ Employee #: \_\_\_\_\_ Phone: \_\_\_\_\_ Mail Code: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Occupational Unit: \_\_\_\_\_ Region:  Central  West End  Desert

Mailing Address (for those without e-mail): \_\_\_\_\_

New Membership or  Renewal for 2020

**TYPE OF MEMBERSHIP:**  **Regular (Voting)** County Board-Governed employees, SBCTA, LAFCO, SB County Schools, & the Superior Court of California-County of San Bernardino

**Associate (Non-Voting)** All others supporting CWN's objectives: City employees, private industry, retirees, students, etc.

**DUES:** *Dues are a flat fee of \$35 a year.*  
*Please make checks or money orders out to County Women's Network.*  
*Dues can also be paid via Eventbrite at <https://www.eventbrite.com/e/san-bernardino-county-womens-network-cwn-membership-2020-tickets-90867728823>*

*New and renewing members joining after June 30 shall pay a prorated amount for the annual dues.*

I am interested in serving on the following committee(s): \_\_\_\_\_  
*(Programs, Special Projects, Membership, Publicity, Nomination/Elections, Desert, West End)*

**CONTRIBUTION:** What skills and/or crafts, hobbies do you have? What can you contribute to the organization? (Even if it is in a small way?) **I am good at:**

(i.e. editing, computer, internet skills, photography, scrapbooking, jewelry making, sewing, make-up, crafty, resourceful, fundraising, public speaking, posters)

**Why would you like to join the CWN? :**

### MEMBERSHIP E-MAIL:

Add me to the 2019-20 e-mail list of members, so that I may network more effectively.

Do Not share my name & e-mail as a member of the County Women's Network.

**NEW Members:** How did you hear about CWN? (Please check one):

New Employee Orientation  Dept. Bulletin Board  Referred by: \_\_\_\_\_

CWN Website  Postmaster Blast  Other: \_\_\_\_\_

### Payment Method

**PERSONAL PAYMENT:** Send original application with payment to distribution below. Use this if you are not going to apply for MOU funds

**MOU FUNDS:** Send original application with payment to distribution below. (Some classifications will need to pay first and get reimbursed. Please contact PERC for more information.) Complete an Education Assistance Proposal (EAP). Attach payment receipt and a copy of the CWN Membership application to the EAP. Submit to your Department for approval. Forward approved package to PERC. The Auditor-Controller/Treasurer/Tax Collector will send CWN a check.

**DEPARTMENT PAID:** Submit original application to your department for payment. Your Department should indicate "CWN Membership" on their payment document so a copy of your CWN Membership application will accompany the check.

Keep a copy of this application for your records. Regardless of payment method, send a copy of your CWN Membership application to [cwnsbcounty@gmail.com](mailto:cwnsbcounty@gmail.com).

### FOR CWN USE ONLY

Membership: Date Received: \_\_\_\_\_ Computer: \_\_\_\_\_ Receipt Issued: \_\_\_\_\_ Finance: Date Received: \_\_\_\_\_ Check/Receipt: \_\_\_\_\_