BVS MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ **ZIP:** _____

E-MAIL: _____ **CELL #:** _____

BIRTHDAY: _____

HUSBAND'S NAME (IF APPLICABLE): _____

ORGANIZATIONS TO WHICH YOU BELONG:

1. _____ **POSITIONS HELD:** _____
2. _____ **POSITIONS HELD:** _____
3. _____ **POSITIONS HELD:** _____

SKILLS THAT YOU POSSESS: (COMPUTER, SALES, ETC.)

1. _____
2. _____
3. _____

ANY INTERESTS/HOBBIES YOU WOULD LIKE TO SHARE:

_____

_____

_____

REASONS FOR JOINING BVS:

_____

_____

_____

SPONSORS NAME: _____

PLEASE RETURN THIS APPLICATION WITH YOUR $50 DUES (CHECKS PAYABLE TO BVS) TO THE MEMBERSHIP CHAIR.

MICHELLE BISCONTI
3135 SOLAR CIRCLE
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