



MEMBER REGISTRATION

First Name: _____ Last Name: _____

Business name: _____

Business category/seat: _____

Job Title: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Website: _____

Phone: _____ Fax: _____ Cell: _____

Date of Birth: _____

How did you here about us?

Newspaper Friend Search Engine Networking Other

This is a one seat per business, close network. The membership cost is as follows:
\$20 one time only administration fee – **Payment must be done at registration time**
\$10 per quarter – **Payments must be done quarterly**

At registration time a \$30 payment must be done by check only. Please give check and form to WOW Membership Chair, Stephanie Natarus.

Questions? Contact Stephanie at (770) 928-2700 or stephanie@livinginsured.com.

ADMINISTRATION USE ONLY

Payment received/attached

Payment not received with this form
