



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 2021

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. Checks may be sent interoffice mail to: Attn: Jacqueline Doucette-Glover, mail code 0061 WVDC. Dues can also be paid via CashApp to \$CWNsoaring95 or PayPal at cwnsbcounty@gmail.com

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? **I am good at:**

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

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.

FOR CWN USE ONLY

Membership: Date Received: _____ Computer: _____ Receipt Issued: _____ Finance: Date Received: _____ Check/Receipt: _____