

*Peel Women's
Networking Group*

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MEMBERSHIP APPLICATION/RENEWAL

Member's Name: _____

Company of Affiliation: _____

Company Address: _____

City: _____ Province: _____ Postal Code: _____

Position: _____

Description of Goods or Services: _____

Email: _____ Web Site: _____

Number of Years in Existing Field: _____ Number of Employees: _____

Business Territory: _____

Business Phone: _____ Home Phone: _____

Business Fax: _____ Cell #: _____

Signature: _____ Date: _____