



Business and
Professional
Women/TN

BPW/TN Secondary Membership Notification Form

Please copy this form, as needed, to send to BPW/TN.

Member's Name: _____

Date of Notification: _____

Primary Local Organization Name: _____

Secondary Local Organization Name: _____

SEND TO:
BPW/TN
Secondary Membership
1360 Baskins Road
Burlison, TN 38015

Route to:

Treasurer
Membership Chair

OR: Email to:

info@bpwtn.org
treasurer@bpwtn.org
membership@bpwtn.org

Form must be submitted each year.

Local Organization Treasurer: _____

Daytime Phone Number: _____

E-mail: _____