



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

2817 West End Ave, Suite 126-122

Nashville, TN 37203

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: _____