

Workforce Network Membership Application

| Yes, I want to begin saving money on my registration fees. Please sign me up for Workforce Network (WFN) Individual Professional: \$ 65 Both WFN and NAWDP: \$ 138 | | | |
|--|---|------|--|
| Group Membership: 3 - 5 professionals 6 - 10 professionals 11 - 15 professionals 16 - 20 professionals 21+ professionals \$625 flo | \$180 flat rate \$275 flat rate \$400 flat rate \$525 flat rate at rate | | |
| Name: | | | |
| Title: | | | |
| Organization / Company: | | | |
| Address: | | | |
| City: | _State: | Zip: | |
| Phone:Fax: | | TTY: | |
| Email: | | | |
| Payment: Check enclosed (payable to Maryland Works) Charge my:Visa MasterCard | | | |
| Name as it appears on card: | | | |
| Acct #: | | | |
| Billing Address | | | |
| CSC Code (3 digit code on back of Credit Card) Exp date: | | | |
| Signature: | | | |

Make checks payable to *Maryland Works, Inc.* and return form with payment to: Maryland Works, Inc. | 10270 Old Columbia Road | Columbia, MD 21046-1854