



Workforce Network Membership Application

Name *Title*

Organization/Company

Home Address

City *State* *Zip*

Personal Phone

Personal E-Mail

Membership Dues

<i>Workforce Network (WFN) Individual Professional</i>	<i>\$65</i>
<i>3-5 Professionals</i>	<i>\$180 (flat rate)</i>
<i>6-10 Professionals</i>	<i>\$275 (flat rate)</i>
<i>11-15 Professionals</i>	<i>\$400 (flat rate)</i>
<i>16-20 Professionals</i>	<i>\$525 (flat rate)</i>

Payment

Check enclosed (*Make checks payable to **Maryland Works, Inc.** and return form payment to: Maryland Works, Inc. | 10270 Old Columbia Road Suite 100 | Columbia, MD 21046*)

Charge my: Visa _____ Master Card _____

Send me a link to pay invoice by debit/credit card at _____
(Insert email address)