



Business and
Professional
Women/

Early Renewal Form

<input type="checkbox"/> Sign me up for automatic renewal	
Member ID # _____	
Payment Type: <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	
Enclosed is my payment of \$ _____	
_____ <i>Name as it appears on card</i>	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	
_____ <i>Card #</i>	_____ <i>Expiration Date</i>
_____ <i>Signature</i>	_____ <i>Date</i>

Send form to: BPW/USA
c/o Wachovia Bank
P.O. Box 75278
Baltimore, MD 21275-9189