

MEMBER BUSINESS CARD ORDER FORM

NAME _____

OFFICE HELD _____

CHAPTER NAME _____

MAILING ADDRESS _____

City State Zip

WORK PHONE _____ HOME PHONE _____
(include area code) (include area code)

CELL PHONE _____ EMAIL _____

Do you want the Weingarten Rights on the back? Yes ___ No ___ Quantity _____

(Email orders accepted at membership@pseofwa.org if all of the above information is provided)

NAME _____

OFFICE HELD _____

CHAPTER NAME _____

MAILING ADDRESS _____

City State Zip

WORK PHONE _____ HOME PHONE _____
(include area code) (include area code)

CELL PHONE _____ EMAIL _____

Do you want the Weingarten Rights on the back? Yes ___ No ___ Quantity _____

(Email orders accepted at membership@pseofwa.org if all of the above information is provided)