



Professional Women of Pickens County
Commitment Form

Name _____

Company _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____ Email _____

Would you like to be added to the Phone Blast Reminder? ____yes ____no

1. What product or service do you or your company provide? _____

2. Are you a member of the Pickens County Chamber of Commerce? ____yes ____no

2. Are you willing to serve on a committee should the need arise? ____yes ____no

3. Are you willing to serve as an officer? ____yes ____no

President _____ Vice President _____ Membership _____ Secretary _____

4. I agree to attend as often as possible, take on an active role in the organization, and agree to RSVP for events that have a fee and if I don't cancel 24 hours in advance I will pay for the event when I am billed. I fully understand, in order to be an "official member" of PWPC I must be a member of the Pickens Chamber of Commerce.

Signature

Date