



**Professional Women  
of Pickens County**

A Pickens County Chamber of Commerce Program

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