



Name Badge Order Form for Network Members
(Please type or print clearly, **and mail or FAX** to the Network Office)

Member's Name: _____
Company Name: _____

Name Badge Price: \$20.00

My check is enclosed (payable to Fresno Women's Network)

Please charge to my VISA MasterCard AMEX

Card # _____ Exp. Date _____

Cardholder's Signature _____

P.O. Box 27500 Fresno, CA 93729 Ph # 559 450-2102 Fax # 559 450-2041
Web site: www.fresnowomensnetwork.org E-Mail: office@fresnowomensnetwork.org