



WSBA Network Event and Location \_\_\_\_\_

Month & Date \_\_\_\_\_ Hostess & Co Hostess Name \_\_\_\_\_

Please sign in, print clearly, and include payment in the envelope.  
Make checks payable to: WSBA

Company Name \_\_\_\_\_

Representative Name \_\_\_\_\_ Email \_\_\_\_\_

Check one: Non member \$5 \_\_\_\_\_ Prem. or General member \_\_\_\_\_ Hostess \_\_\_\_\_

Company Name \_\_\_\_\_

Representative Name \_\_\_\_\_ Email \_\_\_\_\_

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Check one: Non member \$5 \_\_\_\_\_ Prem. or General member \_\_\_\_\_ Hostess \_\_\_\_\_

**Hostess: Please send completed forms with money to: WSBA, 248 Allison Ave., Pitts., Pa. 15202**