

Windy City Women In HVAC

Membership Application: April 1, 2022 – March 31, 2023

Name:		Title:	
Company:		Website:	
Address:			
City:		State:	Zip:
Phone:		Fax:	
Email:		Application Date:	

PAYMENT INFORMATION \$80.00 (Please Print)

Check: (Payable to: Windy City Women In HVAC) Credit Card: <input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> AMEX	
Number:	Exp. Date:
Name on Card:	Security Code:
Signature:	Billing Zip Code:

Tell Us More

OPTIONAL - I am a (Check all that apply):

Contractor Consultant Manufacturer Wholesaler/Distributor Trainer/Education Other _____

If you are/ work for an HVAC Contractor, what type of work does your company perform? (Check all that apply & note %)

Residential ____ Light Commercial ____ Commercial ____ Industrial ____ Institutional ____ Government ____

If you are/ work for an HVACR Contractor, what is your company type? (Check all that apply)

Union Non- Union MBE WBE DBE Family Owned

What would you like to see offered by Windy City Women in HVAC in terms of educational programs, networking events, etc?

How did you hear about WCW HVAC? _____

Please read and sign below:

I give my permission for WCW HVAC to fax/e-mail information to me about upcoming events and notices dealing with the organization. I also give permission to share my contact information with only other members of WCW HVAC. I understand that WCW HVAC will not share this information with third parties.

Signature: _____

Date: _____

For Questions, call Cathie Muraski @ 847-254-1021 .

Once you've completed the form:

Email: CMuraski@Atomatic.com

Or Mail To:

Cathie Muraski

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Des Plaines, IL 60016