



BPW International

International Federation of Business & Professional Women

BPW Clubs Twinning Application Form

Country: _____

Country: _____

BPW Club Name: _____

BPW Club Name: _____

Club Address : _____

Club Address : _____

Tel: _____ Fax: _____

Tel: _____ Fax: _____

President Name: _____

President Name: _____

Proposed to activities:

Time period: from: _____ to: _____

1. Signature _____ Date _____

President of BPW

2. Signature _____ Date _____

President of BPW