

Pink Boots Society Membership Application

First Name _____
Last Name _____
Job Title _____
Organization _____
Mailing Address _____

City/State/Zip _____
Country _____
Business Phone Number _____
Cell/Home Phone Number _____
Email _____
Website _____
Referring Member _____

Note: Optional information below will remain confidential.

GENDER

Woman Man Non-binary
Not listed/Other Prefer not to answer
Pronouns _____
Birth Year _____

RACE/ETHNICITY

American Indian/Alaska Native
Asian or Asian American
Black or African American
Hispanic or Latinx
Middle Eastern/North African
Native Hawaiian/Pacific Islander
White/Caucasian
Other
Prefer not to answer

PAYMENT INFORMATION

Send me bank wire transfer details

Check enclosed (in U.S. funds and is payable to Pink Boots Society, drawn only from a U.S. bank)

When you provide a check for payment, you authorize us to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Funds may be withdrawn from your account the same day we deposit payment and you may not receive your check back from your financial institution.

Charge my credit card (check one below)

Visa MasterCard Am Ex Discover

Card Number _____

Expiration Date (Month/Year) _____

Name of Cardholder _____

Cardholder Signature _____

I hereby apply for membership in PBS, or to renew my membership. I meet the membership qualifications and agree to be governed by the Pink Boots Society's Code of Conduct.

Send application with payment to:

Pink Boots Society Headquarters
3285 Northwood Circle, Suite 100
St. Paul, MN 55121 U.S.A.

Phone: +1.651.454.7250 • Fax: +1.651.454.0766

E-mail: membership@pinkbootsociety.org

Website: pinkbootsociety.org



PICK A CHAPTER

For a complete list go to: <https://my.pinkbootsociety.org/PBS/Chapters/PBS/Chapters.aspx>

MEMBER TYPE

Aspiring
Professional
Business in Planning

Fees:

Domestic

Professional and Business in Planning \$47
Aspiring \$26

International

Professional and Business in Planning \$22
Aspiring \$21

ORGANIZATION TYPE

Alternative Fermented Beverage Manufacturer
Manufacturer
Brewery
Consultancy
Distributor/Wholesaler
Distillery
Education Institution
Governmental Body
Grower
Marketing/Public Relations/Event Planning
Retail
Service Provider
Supplier
Winery
Other _____

PRIMARY RESPONSIBILITY

Admin/HR
Production
Consultant
Education
Front of House/Customer Service
Hospitality
Legal Counsel
Marketing/Public Relation/Social Media
Owner
Packaging
Quality Assurance/Control
Sales
Student
Other _____

PRODUCT FOCUS – Primary and Secondary. Select two.

Beer
Cider
Distilled Spirits
Kombucha
Mead
Seltzer
Wine
Other _____