



AWC MEMBERSHIP APPLICATION
You can also apply online at www.womcom.org

Date of Application: ___/___/___
Month Day Year

Referred By (if applicable): _____
(first name, last name)
*Insert only one member's name.

1. CONTACT INFORMATION:

First Name: _____ Middle Name: _____ Last Name: _____

Provide BOTH a PRIMARY Address as well as an ALTERNATE Address:

PRIMARY: [] Business [] Home [] Permanent

ALTERNATE: [] Business [] Home [] Permanent

Address 1

Address 1

Address 2

Address 2

City State Zip Code (5 digits Only)

City State Zip Code (5 digits Only)

E-mail

E-mail

() -
Phone # including area code

() -
Phone # including area code

2. DEMOGRAPHIC INFORMATION:

Please complete all requested information below:

Gender: [] Female [] Male

Company Name: _____

Birth Date: _____
MM/DD/YYYY

Employer:
[] For-Profit: 100+ employees
[] For-Profit: -100 employees
[] Non-Profit: 100+ employees
[] Non-Profit: -100 employees

Education:
[] High School
[] Associates
[] Bachelors
[] Masters/Graduate
[] Other: _____

Employment Status:
[] Full-time
[] Part-time
[] Consultant/Freelancer
[] Business Owner
[] Unemployed
[] Retired
[] Other: _____

Field/Discipline: _____

Professional Title: _____



3. Membership Category:

Choose from ONE of the following memberships:

- Executive Professional Communicator \$189.00
- Professional Communicator \$129.00
- Entrepreneur Professional Communicator \$114.00
BY CHECKING THIS BOX, I AGREE THAT I AM SELF-EMPLOYED AND HAVE NO EMPLOYEES OR ADDITIONAL SOURCES OF INCOME
- Retired Professional Communicator \$34.00
BY CHECKING THIS BOX, I AGREE THAT I AM RETIRED AND DO NOT WORK PART-TIME OR SERVE AS A PAID CONSULTANT
- Faculty Advisor \$0.00
FULL NAME OF SCHOOL REQUIRED:

BY CHECKING THIS BOX, I AGREE THAT I AM A FACULTY ADVISOR FOR THE AWC STUDENT CHAPTER LISTED ABOVE

- New Graduate Member \$34.00
GRADUATION DATE REQUIRED:

(MM-YYYY)

BY CHECKING THIS BOX, I AGREE THAT I AM A NEW GRADUATE AND CAN PROVIDE PROOF

- Collegiate Member \$34.00
GRADUATION DATE REQUIRED:

(MM-YYYY)

FULL NAME OF SCHOOL REQUIRED:

BY CHECKING THIS BOX, I AGREE THAT I AM A FULL-TIME STUDENT AND CAN PROVIDE PROOF

3. NATIONAL MEMBERSHIP DUES SUBTOTAL \$ _____ .00

4. National Application Fee:

Choose from ONE of the following one-time national application fees:

- National Application Fee \$50.00
- WAIVED – Retired Member \$0.00
- WAIVED – Faculty Advisor \$0.00
- WAIVED – New Graduate Member \$0.00
- WAIVED – Collegiate Member \$0.00

4. NATIONAL APPLICATION FEE SUBTOTAL \$ _____ .00

5. Chapter Application Fee (alphabetical order by state):

Choose from ONE of the following one-time chapter application fees:

- Texas-Austin \$10.00
- Texas-Dallas \$15.00
- Missouri-Kansas City \$5.00
- Wisconsin-Madison \$25.00
- Chapter not listed \$0.00
- WAIVED – Faculty Advisor \$0.00
- WAIVED -- Retired Member \$0.00
- WAIVED – Collegiate Member \$0.00
- WAIVED – New Graduate Member \$0.00

5. CHAPTER APPLICATION FEE SUBTOTAL \$ _____ .00

Revised 05/2010

Fax or Mail payments to:

AWC National Headquarters • 3337 Duke Street • Alexandria, VA 22314

Phone: (703) 370-7436 • Fax: (703) 342-4311 • members@womcom.org • www.womcom.org



6. Chapter Dues (alphabetical order by state):

- | | | | |
|--------------------------|---|---------|--|
| <input type="checkbox"/> | NO AFFILIATION WITH A CHAPTER-
Independent | N/A | |
| <input type="checkbox"/> | STUDENT CHAPTER-
Student Chapter (School Name) | N/A | |
| <input type="checkbox"/> | CALIFORNIA-
<u>Santa Barbara, CA</u> | | |
| | <input type="checkbox"/> Professional/Retiree | \$50.00 | |
| | <input type="checkbox"/> Collegiate/New Grad | \$15.00 | |
| <input type="checkbox"/> | DISTRICT OF COLUMBIA-
<u>Washington, D.C.</u> | | |
| | <input type="checkbox"/> Professional | \$40.00 | |
| | <input type="checkbox"/> Collegiate/New Grad | \$25.00 | |
| | <input type="checkbox"/> Retiree | \$20.00 | |
| <input type="checkbox"/> | FLORIDA-
<u>South Florida, FL</u> | | |
| | <input type="checkbox"/> Professional | \$30.00 | |
| | <input type="checkbox"/> Collegiate/New Grad | \$20.00 | |
| | <input type="checkbox"/> Retiree | \$25.00 | |
| <input type="checkbox"/> | IOWA-
<u>Des Moines, IA</u> | | |
| | <input type="checkbox"/> ALL MEMBERS | \$30.00 | |
| <input type="checkbox"/> | ILLINOIS-
<u>Bloomington/Normal, IL</u> | | |
| | <input type="checkbox"/> Professional/Retiree | \$25.00 | |
| | <input type="checkbox"/> Collegiate/New Grad | \$0.00 | |
| | <u>Springfield, IL</u> | | |
| | <input type="checkbox"/> ALL MEMBERS | \$25.00 | |
| <input type="checkbox"/> | INDIANA-
<u>Lafayette, IN</u> | | |
| | <input type="checkbox"/> ALL MEMBERS | \$10.00 | |
| <input type="checkbox"/> | KANSAS-
<u>Topeka, KS</u> | | |
| | <input type="checkbox"/> ALL MEMBERS | \$15.00 | |
| <input type="checkbox"/> | MICHIGAN-
<u>Detroit, MI</u> | | |
| | <input type="checkbox"/> Professional | \$40.00 | |
| | <input type="checkbox"/> Collegiate/New Grad | \$10.00 | |
| | <input type="checkbox"/> Retiree | \$20.00 | |
| <input type="checkbox"/> | MISSOURI-
<u>Kansas City, MO</u> | | |
| | <input type="checkbox"/> Professional | \$30.00 | |
| | <input type="checkbox"/> Collegiate/New Grad | \$20.00 | |
| | <input type="checkbox"/> Retiree | \$15.00 | |
| | <u>Springfield, MO</u> | | |
| | <input type="checkbox"/> Professional | \$20.00 | |
| | <input type="checkbox"/> Collegiate/New Grad | \$10.00 | |
| | <input type="checkbox"/> Retiree | \$10.00 | |
| <input type="checkbox"/> | NEW MEXICO-
<u>Albuquerque, NM</u> | | |
| | <input type="checkbox"/> Professional | \$25.00 | |
| | <input type="checkbox"/> Collegiate/New Grad | \$15.00 | |
| | <input type="checkbox"/> Retiree | \$5.00 | |
| <input type="checkbox"/> | NEW JERSEY-
<u>Northern New Jersey, NJ</u> | | |
| | <input type="checkbox"/> ALL MEMBERS | \$20.00 | |
| <input type="checkbox"/> | NEW YORK-
<u>Rochester, NY</u> | | |
| | <input type="checkbox"/> ALL MEMBERS | \$20.00 | |
| <input type="checkbox"/> | OKLAHOMA-
<u>Oklahoma City, OK</u> | | |
| | <input type="checkbox"/> ALL MEMBERS | \$20.00 | |
| | <u>Tulsa, OK</u> | | |
| | <input type="checkbox"/> Professional | \$20.00 | |
| | <input type="checkbox"/> Collegiate/New Grad | \$0.00 | |
| | <input type="checkbox"/> Retiree | \$5.00 | |
| <input type="checkbox"/> | TEXAS-
<u>Austin, TX</u> | | |
| | <input type="checkbox"/> Professional | \$35.00 | |
| | <input type="checkbox"/> Collegiate/New Grad | \$25.00 | |
| | <input type="checkbox"/> Retiree | \$0.00 | |
| | <u>Dallas, TX</u> | | |
| | <input type="checkbox"/> Professional | \$45.00 | |
| | <input type="checkbox"/> Collegiate/New Grad | \$20.00 | |
| | <input type="checkbox"/> Retiree | \$0.00 | |
| | <u>Lubbock, TX</u> | | |
| | <input type="checkbox"/> ALL MEMBERS | \$0.00 | |
| | <u>San Antonio, TX</u> | | |
| | <input type="checkbox"/> Professional | \$25.00 | |
| | <input type="checkbox"/> Collegiate/New Grad | \$20.00 | |
| | <input type="checkbox"/> Retiree | \$10.00 | |
| <input type="checkbox"/> | WASHINGTON-
<u>Seattle, WA</u> | | |
| | <input type="checkbox"/> Professional | \$60.00 | |
| | <input type="checkbox"/> Collegiate/New Grad | \$15.00 | |
| | <input type="checkbox"/> Retiree | \$20.00 | |
| <input type="checkbox"/> | WISCONSIN-
<u>Madison, WI</u> | | |
| | <input type="checkbox"/> Professional | \$30.00 | |
| | <input type="checkbox"/> Collegiate/New Grad | \$16.00 | |
| | <input type="checkbox"/> Retiree | \$0.00 | |
| | <u>SE WISCONSIN, WI</u> | | |
| | <input type="checkbox"/> ALL MEMBERS | \$25.00 | |

6. CHAPTER DUES SUBTOTAL \$ _____ .00



**Any AWC member who does not complete renewal within 30 days past the membership expiration date will lose membership status and will need to join again, receiving a new join date and paying the \$50 application fee.

I AGREE to abide by the bylaws, policies, and procedures of AWC

Would you like your name added to a volunteers list? Yes
(If national or chapters need volunteers they will ask members on this list.)

PAYMENT OPTIONS:

- Check made payable to AWC
- Credit Card

Choose from the following:

- Visa
- MasterCard
- American Express

Credit Card Information:

Credit Card #: _____ - _____ - _____ - _____

Security Code #: _____

Expiration Date: _____ / _____

Name on Card: _____

Billing Address: _____

Signature: _____

TOTAL DUE:

3. National Membership Dues	\$	_____	.00
4. National Application Fee	\$	_____	.00
5. Chapter Application Fee	\$	_____	.00
6. Chapter Dues	\$	_____	.00
TOTAL =		\$	_____
			.00

I authorize the above amount to be charged to my credit card.

You also can join online at: www.womcom.org

AWC Memberships are non-refundable and non-transferable

Fax or Mail payments to:

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