



AWC CORPORATE MEMBERSHIP APPLICATION
You can also find this online at www.womcom.org

Date of Application: _____
Month Day Year

Corporate Membership Guidelines:

- Corporate memberships **MUST** be purchased in increments of 3 (Classic Level) or 5 (Signature Level)
- One member must be chosen as the primary contact for the AWC Corporate Membership
- AWC Corporate Memberships **MUST** be purchased with **ONE FORM** of payment
- AWC Corporate Memberships **ARE** transferable. If an employee leaves the company, the employee is able to retain their membership while the company is also able to transfer the membership to another employee as a courtesy from AWC

1. Membership Category:

Choose from ONE of the following memberships:

\$1895.00 Signature Corporate Membership
5 Memberships, 2 National Conference Registrations, exposure on AWC National Web Site and Conference Programs

\$995.00 Classic Corporate Membership
3 Memberships, 1 National Conference Registration, exposure on AWC National Web Site and Conference Programs

1. NATIONAL MEMBERSHIP DUES SUBTOTAL \$ _____ .00

2. National Application Fee:

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

\$250.00 Signature Corporate Membership

\$150.00 Classic Corporate Membership

2. NATIONAL APPLICATION FEE SUBTOTAL \$ _____ .00

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

Fax or Mail payments to:

AWC National Headquarters • 1717 E. Republic Rd., Ste. A • Springfield, MO 65804
Phone: (417) 886-8606 • Fax: (417) 886-3685 • members@womcom.org • www.womcom.org



4. Chapter Dues (alphabetical order by state):

If members reside in different areas, the appropriate chapter dues must be checked below and paid

- | | | | |
|--|-------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> NO LOCAL CHAPTER/NO AFFILIATION WITH A CHAPTER- | \$0.00 x ___ member(s) = \$____.00 | <input type="checkbox"/> Michigan- | |
| <input type="checkbox"/> California- | | Detroit | \$40.00 x ___ member(s) = \$____.00 |
| Santa Barbara | \$50.00 x ___ member(s) = \$____.00 | <input type="checkbox"/> Missouri- | |
| <input type="checkbox"/> District of Columbia- | | Springfield | \$20.00 x ___ member(s) = \$____.00 |
| Washington, D.C | \$40.00 x ___ member(s) = \$____.00 | <input type="checkbox"/> New Jersey - | |
| <input type="checkbox"/> Florida- | | Northern New Jersey | \$20.00 x ___ member(s) = \$____.00 |
| South Florida | \$0.00 x ___ member(s) = \$____.00 | <input type="checkbox"/> Oklahoma- | |
| <input type="checkbox"/> Iowa- | | Oklahoma City | \$20.00 x ___ member(s) = \$____.00 |
| Des Moines | \$30.00 x ___ member(s) = \$____.00 | Tulsa | \$20.00 x ___ member(s) = \$____.00 |
| <input type="checkbox"/> Illinois- | | <input type="checkbox"/> Texas- | |
| Bloomington/Normal | \$25.00 x ___ member(s) = \$____.00 | Lubbock | \$0.00 x ___ member(s) = \$____.00 |
| Springfield | \$25.00 x ___ member(s) = \$____.00 | San Antonio | \$25.00 x ___ member(s) = \$____.00 |
| <input type="checkbox"/> Indiana- | | <input type="checkbox"/> Washington- | |
| Lafayette IN | \$10.00 x ___ member(s) = \$____.00 | Seattle | \$60.00 x ___ member(s) = \$____.00 |

4. CHAPTER DUES SUBTOTAL \$ _____ .00

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:

1. National Membership Dues	\$	_____ .00
2. National Application Fee	\$	_____ .00
3. Chapter Application Fee(s)	\$	_____ .00
4. Chapter Dues	\$	_____ .00
TOTAL =		\$ _____ .00

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

AWC Memberships are non-refundable

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Revised 04/2016



Primary Contact Person as stated in "Corporate Membership Guidelines" Section:

Does not have to be a member

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

Member #1:

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

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Revised 01/2016



Member #2:

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

Member #3:

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

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Revised 01/2016



Member #4 (Must be Corporate Signature Member):

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

Member #5 (Must be Corporate Signature Membership):

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

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