



AWC MEMBERSHIP APPLICATION

You can also apply online at <http://www.womcom.org/join>

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

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

1. PERSONAL INFORMATION

Prefix First Name Middle Name Last Name Suffix/Designation Professional Title Company Name

2. ADDRESS INFORMATION

HOME

Address 1

Address 2

City State Zip Code (5 digits Only)

Personal E-mail

Phone # including area code

BUSINESS

Address 1

Address 2

City State Zip Code (5 digits Only)

E-mail

Phone # including area code

3. DEMOGRAPHIC INFORMATION

Please complete all requested information below:

Gender:

- Female Male

Age Range:

- 17-25 26-35
- 36-45 46-55
- 56-65 65+

Education:

- High School Associates
- Bachelors Masters/Graduate
- Other: _____

Employment Status:

- Full-time Part-time
- Business Owner Consultant
- Retired Unemployed
- Other: _____

Employer:

- For-profit: 50+ employees
- For-profit: -50 employees
- Non-profit: 50+ employees
- Non-profit: -50 employees

LinkedIn Profile: _____

Services I Offer: _____

Field/Discipline:

(you may select more than one)

- Advertising
- Broadcasting
- Community Relations
- Corporate Communications
- Digital Media/Web
- Editing
- Education
- Film Production
- Freelance Services
- Graphic Arts
- Journalism
- Marketing Communications
- Market Research
- Non-profit Communications
- Photojournalism
- Public Affairs
- Public Relations
- Publicity
- Publishing
- Special Events
- Technical Writing
- Training Development
- Video Production
- Writing
- Other: _____



AWC MEMBERSHIP APPLICATION
 You can also apply online at <http://www.womcom.org/join>

4. NATIONAL PROGRAM PARTICIPATION

Volunteer with national committee work?
(check here to be added to a volunteer list for national committee opportunities)

Contribute to AWC's *Trending* blog?
(check here if you would like to write and contribute blog posts)

Become a member of the Knowledge Network?
(check here to become a member of AWC's Knowledge Network of communications professionals)
 The Knowledge Network is a database of AWC members who want to connect with fellow members the globe as mentors, mentees, peers, advisers, and more. Fill out our profile on the AWC website to participate.

Join the AWC Book Club?
(check here to become a member of AWC's Book Club)
 We select and read a book every six weeks. We discuss the work during the very last week of the schedule via questions and discussion starters published on the forums on the AWC website as well as a video call featuring member volunteers to discuss the book.

5. MEMBERSHIP CATEGORY

Choose from ONE of the following memberships:

Executive Professional Communicator **\$189.00**
 National Application Fee (one-time) **\$50.00**

Professional Communicator **\$129.00**
 National Application Fee (one-time) **\$50.00**

Entrepreneur Professional Communicator **\$114.00**
 National Application Fee (one-time) **\$50.00**
 BY CHECKING THIS BOX, I AGREE THAT I AM SELF-EMPLOYED AND HAVE NO EMPLOYEES OR ADDITIONAL SOURCES OF INCOME

Emerging Communicator **\$65.00**
GRADUATION DATE REQUIRED:

 (MM-YYYY)

BY CHECKING THIS BOX, I AGREE THAT I AM A NEW GRADUATE AND CAN PROVIDE PROOF
 * **Open to graduates in years two and three post-graduation only**

Retired Professional Communicator **\$34.00**
 BY CHECKING THIS BOX, I AGREE THAT I AM AGE 62 OR OLDER, RETIRED, AND WORKING FEWER THAN 20 HOURS PER WEEK, OR AGE 72 OR OLDER REGARDLESS OF EMPLOYMENT STATUS

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 GRADUATE AND CAN PROVIDE PROOF
 * **Open to new graduates in their first year post-graduation only**

Student Member **\$20.00**
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

5. NATIONAL MEMBERSHIP DUES **SUBTOTAL \$_____.**



AWC MEMBERSHIP APPLICATION
 You can also apply online at <http://www.womcom.org/join>

6. CHAPTER DUES (alphabetical order by state)

- | | |
|--|--|
| <p><input type="checkbox"/> NO AFFILIATION WITH A CHAPTER- Independent N/A</p> <p><input type="checkbox"/> STUDENT CHAPTER- Student Chapter (School Name) _____ N/A</p> <p><input type="checkbox"/> CALIFORNIA- <u>Santa Barbara, CA</u> <input type="checkbox"/> Professional/Retiree \$25.00 <input type="checkbox"/> Collegiate/New Grad \$15.00</p> <p><input type="checkbox"/> FLORIDA- <u>South Florida, FL</u> <input type="checkbox"/> ALL MEMBERS \$0.00</p> <p><input type="checkbox"/> IOWA- <u>Des Moines, IA</u> <input type="checkbox"/> ALL MEMBERS \$30.00</p> <p><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"/> Collegiate/New Grad \$10.00</p> <p><input type="checkbox"/> INDIANA- <u>Lafayette, IN</u> <input type="checkbox"/> ALL MEMBERS \$10.00</p> | <p><input type="checkbox"/> MICHIGAN- <u>Detroit, MI</u> <input type="checkbox"/> Executive & Professional \$50.00 <input type="checkbox"/> Entrepreneur \$40.00 <input type="checkbox"/> Collegiate/New Grad \$10.00 <input type="checkbox"/> Retiree \$20.00</p> <p><input type="checkbox"/> MISSOURI- <u>Springfield, MO</u> <input type="checkbox"/> Professional \$20.00 <input type="checkbox"/> Collegiate/New Grad \$10.00 <input type="checkbox"/> Retiree \$10.00</p> <p><input type="checkbox"/> OKLAHOMA- <u>Oklahoma City, OK</u> <input type="checkbox"/> ALL MEMBERS \$30.00 <u>Tulsa, OK</u> <input type="checkbox"/> Professional \$35.00 <input type="checkbox"/> Collegiate/New Grad \$10.00 <input type="checkbox"/> Retiree \$10.00</p> <p><input type="checkbox"/> PENNSYLVANIA- <u>Greater Lehigh Valley, PA</u> <input type="checkbox"/> ALL MEMBERS \$25.00</p> <p><input type="checkbox"/> TEXAS- <u>Lubbock, TX</u> <input type="checkbox"/> ALL MEMBERS \$0.00</p> <p><input type="checkbox"/> WASHINGTON D.C.- <input type="checkbox"/> ALL MEMBERS \$0.00</p> <p><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</p> |
|--|--|

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.
 **AWC memberships are non-refundable and non-transferrable

7. AWC ADVANCEMENT FUND (optional)

- I want to donate to the AWC Advancement Fund
 The AWC Advancement Fund is the charitable not-for-profit partner of the Association for Women in Communications. The purpose of the AWC Advancement Fund is to support the activities of the Association for Women in Communications which are exclusively educational or charitable in nature.

7. AWC Advancement Fund - optional **SUBTOTAL \$ _____ .00**

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

Signature _____

Date _____



AWC MEMBERSHIP APPLICATION

You can also apply online at <http://www.womcom.org/join>

8. PAYMENT

TOTAL DUE:

| | | |
|-----------------------------|----------|---------|
| 5. National Membership Dues | \$ _____ | .00 |
| National Application Fee | \$ _____ | \$50.00 |
| 6. Chapter Dues | \$ _____ | .00 |
| 7. Advancement Fund | \$ _____ | .00 |
| <hr/> | | |
| TOTAL = | \$ _____ | .00 |

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

PAYMENT OPTIONS:

Check made payable to **AWC**

Mail payments to:

AWC National Headquarters
1717 E. Republic Road – Suite A
Springfield, MO 65804

Debit/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: _____

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