



# AWC MEMBERSHIP APPLICATION

You can also apply online at [www.womcom.org](http://www.womcom.org)

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:

**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

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  
 Consultant  Freelancer  
 Business Owner  Retired  
 Unemployed  Other: \_\_\_\_\_

Employer:

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

Twitter Name: \_\_\_\_\_

Services I Offer: \_\_\_\_\_

\_\_\_\_\_

Volunteer?

(check here to be added to a volunteer list for national or chapter volunteer opportunities)

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: \_\_\_\_\_

### Fax or Mail payments to:

AWC National Headquarters • 1717 E. Republic Road – Suite A • Springfield, MO 65804  
 Phone: 417-886-8606 • Fax: 417-886-3685 • [members@womcom.org](mailto:members@womcom.org) • [www.womcom.org](http://www.womcom.org)



### 3. 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

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**

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**

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

**3. NATIONAL MEMBERSHIP DUES SUBTOTAL \$ \_\_\_\_\_ .00**

### 4. Chapter Dues (alphabetical order by state):

NO AFFILIATION WITH A CHAPTER-  
 Independent N/A

STUDENT CHAPTER-  
 Student Chapter (School Name) N/A

CALIFORNIA-  
Santa Barbara, CA  
 • Professional/Retiree \$50.00  
 • Collegiate/New Grad \$15.00

FLORIDA-  
South Florida, FL  
 • ALL MEMBERS \$0.00

IOWA-  
Des Moines, IA  
 • ALL MEMBERS \$30.00

ILLINOIS-  
Bloomington/Normal, IL  
 • Professional/Retiree \$25.00  
 • Collegiate/New Grad \$0.00  
Springfield, IL  
 • ALL MEMBERS \$25.00  
 • Collegiate/New Grad \$10.00

INDIANA-  
Lafayette, IN  
 • ALL MEMBERS \$10.00

MICHIGAN-  
Detroit, MI  
 • Executive & Professional \$50.00  
 • Entrepreneur \$40.00  
 • Collegiate/New Grad \$10.00  
 • Retiree \$20.00

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- MISSOURI-  
Springfield, MO
  - Professional \$20.00
  - Collegiate/New Grad \$10.00
  - Retiree \$10.00
- OKLAHOMA-  
Oklahoma City, OK
  - ALL MEMBERS \$30.00Tulsa, OK
  - Professional \$35.00
  - Collegiate/New Grad \$10.00
  - Retiree \$10.00

- PENNSYLVANIA-  
Greater LeHigh Valley, PA
  - ALL MEMBERS \$25.00
- TEXAS-  
Lubbock, TX
  - ALL MEMBERS \$0.00
- WASHINGTON D.C.-  
Washington, DC
  - ALL MEMBERS \$0.00
- WASHINGTON-  
Seattle, WA
  - Professional \$60.00
  - Collegiate/New Grad \$15.00
  - Retiree \$20.00

**4. 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**

**PAYMENT OPTIONS:**

- Check** made payable to **AWC**
- Debit Card**  
Choose from the following:
  - Visa*
  - MasterCard*
  - American Express*
- Credit Card**  
Choose from the following:
  - Visa*
  - MasterCard*
  - American Express*

Would you like your name added to a volunteers list?

- Yes  
(If national or chapters need volunteers they will ask members on this list.)

**Credit Card Information:**

**Credit Card #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Security Code #:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ / \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**TOTAL DUE:**

3. National Membership Dues	\$	_____	.00
4. National Application Fee	\$	_____	50.00
5. Chapter Application Fee	\$	_____	.00
6. Chapter Dues	\$	_____	.00
<b>TOTAL =</b>		<b>\$</b>	<b>_____</b>
			<b>.00</b>

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

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