



Date of Application: / /
Month Day Year

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

AWC STUDENT MEMBERSHIP APPLICATION

Apply online at www.womcom.org
Full-time students & new graduates ONLY

By providing your contact information, you authorize AWC to communicate with you via the e-mail address, fax or phone numbers provided. Memberships are processed within two weeks of receipt.

Personal Information

Prefix First Name Middle Name Last Name

Additional Information

Age Range: 17-25 46-55
 26-35 56-65
 36-45 66+

Permanent Address Information

Please list your permanent mailing address below. This is not your school address but rather the address at which you can receive mail all year long.

Address 1
Address 2
City State Zip Code (5 digits Only)
E-mail
Phone Number including area code

Education

School Name: _____
Degree program:
 Bachelors Graduate
Major: _
Minor: _____

Membership Selection

National Dues:
 Student \$34
 New Graduate \$34

Chapter Affiliation: (select one of the three options below)

- I am part of the _____ student chapter (pay local dues portion directly to student chapter.)
- I wish to join the _____ professional chapter at the student rate of \$_____ (check website for chapter rate)
- INDEPENDENT (I am not affiliated with a chapter:) \$0

Graduation Date: (required)

/ /
Month Day Year

GPA:
 I confirm that I am attending school on a full-time status until the graduation date listed above.
 I AGREE to abide by the bylaws, policies, and procedures of AWC.

FACULTY ADVISOR VERIFICATION:

Signature

Total Due

National dues: \$ 34
Professional chapter dues (if applicable): \$
Total: \$

Payment Information (please select one of the payment options below and fill in appropriate information)

Group check from student chapter #: _____

Individual check (payable to "AWC") #:

Credit Card Visa MasterCard AmEx

Card #: _____ Exp. / Security Code: _____

Cardholder Name: _____ Signature: _____

Billing Address:

Mail or Fax payments to:

AWC Headquarters

1717 E. Republic Rd., Ste A, Springfield, MO 65804

P 417-886-8606

F 417-886-3685

members@womcom.org