



AWC STUDENT MEMBERSHIP APPLICATION

Apply online at www.womcom.org

Application Date: _____
Month / Day / Year

Referred By: _____
First and Last Name (Insert only one member's name)

PLEASE PRINT LEGIBLY

PERSONAL INFORMATION

First Name MI Last Name

PERMANENT ADDRESS INFORMATION

Please list your permanent address below. This is not your school address, but rather the address you can receive mail yearlong.

Address 1

Address 2

City State Zip

Email

Phone (including area code)

PERMANENT ADDRESS INFORMATION

National Dues
 Student - \$20 New Graduate - \$34

Chapter Affiliation
 I am part of the _____ Student Chapter (pay local dues directly to student chapter)
 I wish to join the _____ Professional Chapter at the student rate of _____ (visit womcom.org for student rate)
 Independent (No chapter affiliation)

PAYMENT INFORMATION (please select one of the payment options below and fill in the appropriate information)

Check from student chapter: _____ Personal Check: _____

Credit Card Visa MasterCard American Express

Card Number: _____ Exp: ____ / ____ CVV: _____

Cardholder name: _____ Signature: _____

Billing Address: _____
(Street address, city, state & Zip)

Make checks payable to "AWC" and Mail or Fax payments to:
AWC

1717 E. Republic Rd., Ste. A, Springfield, MO 65804 P: 417-886-8606 F: 886-3685 members@womcom.org

ADDITIONAL INFORMATION

Birthdate: _____
(for demographics - Month/Day/Year)

EDUCATION

School Name
Degree Program
 Bachelors Masters

Major

Minor

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

TOTAL DUE
National Dues \$ _____
Professional Dues (if applicable) \$ _____
Total \$ _____