



# AWC STUDENT MEMBERSHIP APPLICATION

Apply online at [www.womcom.org](http://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 - \$34                       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](http://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](mailto: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                      \$ 34  
Professional Dues (if applicable)                      \$ \_\_\_\_\_  
**Total**                      \$ \_\_\_\_\_