

Date of Application: _____
Month Day Year

1. CONTACT INFORMATION:

First Name: _____ Middle Name: _____ Last Name: _____

Provide **BOTH** a **PRIMARY** Address as well as an **ALTERNATE** Address:

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

Company Name:

Birth Date: _____
MM/DD/YYYY

Employer:

- For-Profit
 Non-Profit
 100+ employees
 -100 employees

Education:

- High School
 Associates
 Bachelors
 Masters/Graduate
 Other: _____

Employment Status:

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

Field/Discipline:

Professional Title:

Fax or Mail payments to:

AWC National Headquarters • 3337 Duke Street • Alexandria, VA 22314
 Phone: (703) 370-7436 • Fax: (703) 370-7437 • members@womcom.org • www.womcom.org

Revised 02/2008

3. Membership Category:

Choose from ONE of the following memberships:

- Executive Professional Communicator **\$159.00**
- Professional Communicator **\$99.00**
- Entrepreneur Professional Communicator **\$84.00**
BY CHECKING THIS BOX, I AGREE THAT I AM SELF-EMPLOYED AND HAVE NO EMPLOYEES OR ADDITIONAL SOURCES OF INCOME
- Retired Professional Communicator **\$29.00**
BY CHECKING THIS BOX, I AGREE THAT I AM RETIRED AND DO NOT WORK PART-TIME OR SERVE AS A PAID CONSULTANT
- 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 **\$29.00**
GRADUATION DATE REQUIRED:

(MM-YYYY)

BY CHECKING THIS BOX, I AGREE THAT I AM A NEW GRADUATE AND CAN PROVIDE PROOF

- Collegiate Member **\$29.00**
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):

- | | |
|--|---------|
| <input type="checkbox"/> NO LOCAL CHAPTER/NO AFFILIATION WITH CHAPTER-Independent N/A | |
| <input type="checkbox"/> STUDENT CHAPTER-Student Chapter (School Name) _____ N/A | |
| <input type="checkbox"/> CALIFORNIA- <u>Santa Barbara, CA</u> | |
| <input type="checkbox"/> Professional/Retiree | \$50.00 |
| <input type="checkbox"/> Collegiate/New Grad | \$15.00 |
| <input type="checkbox"/> COLORADO- <u>Denver, CO</u> | |
| <input type="checkbox"/> ALL MEMBERS | \$30.00 |
| <input type="checkbox"/> DISTRICT OF COLUMBIA- <u>Washington, D.C.</u> | |
| <input type="checkbox"/> Professional | \$40.00 |
| <input type="checkbox"/> Collegiate/New Grad | \$25.00 |
| <input type="checkbox"/> Retiree | \$20.00 |
| <input type="checkbox"/> FLORIDA- <u>South Florida, FL</u> | |
| <input type="checkbox"/> Professional | \$30.00 |
| <input type="checkbox"/> Collegiate/New Grad | \$20.00 |
| <input type="checkbox"/> Retiree | \$25.00 |
| <input type="checkbox"/> IOWA- <u>Des Moines, IA</u> | |
| <input type="checkbox"/> ALL MEMBERS | \$30.00 |
| <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"/> INDIANA- <u>Lafayette, IN</u> | |
| <input type="checkbox"/> ALL MEMBERS | \$10.00 |
| <input type="checkbox"/> KANSAS- <u>Topeka, KS</u> | |
| <input type="checkbox"/> Professional | \$12.00 |
| <input type="checkbox"/> Collegiate/New Grad | \$7.00 |
| <input type="checkbox"/> Retiree | \$35.00 |
| <input type="checkbox"/> MICHIGAN- <u>Detroit, MI</u> | |
| <input type="checkbox"/> Professional | \$40.00 |
| <input type="checkbox"/> Collegiate/New Grad | \$10.00 |
| <input type="checkbox"/> Retiree | \$20.00 |
| <input type="checkbox"/> MISSOURI- <u>Kansas City, MO</u> | |
| <input type="checkbox"/> Professional | \$30.00 |
| <input type="checkbox"/> Collegiate/New Grad | \$20.00 |
| <input type="checkbox"/> Retiree | \$15.00 |
| <u>Springfield, MO</u> | |
| <input type="checkbox"/> Professional | \$20.00 |
| <input type="checkbox"/> Collegiate/New Grad | \$10.00 |
| <input type="checkbox"/> Retiree | \$10.00 |
| <input type="checkbox"/> NEW MEXICO- <u>Albuquerque, NM</u> | |
| <input type="checkbox"/> Professional | \$25.00 |
| <input type="checkbox"/> Collegiate/New Grad | \$15.00 |
| <input type="checkbox"/> Retiree | \$5.00 |
| <input type="checkbox"/> NEW JERSEY- <u>Northern New Jersey, NJ</u> | |
| <input type="checkbox"/> ALL MEMBERS | \$20.00 |

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Revised 04/2008



- NEW YORK-
 - Rochester, NY
 - ALL MEMBERS \$20.00
 - Westchester/Fairfield, NY
 - Professional \$40.00
 - Collegiate/New Grad \$31.00
 - Retiree \$20.00
- OHIO-
 - Toledo, OH
 - Professional \$35.00
 - Collegiate/New Grad \$0.00
 - Retiree \$0.00
- OKLAHOMA-
 - Oklahoma City, OK
 - ALL MEMBERS \$20.00
 - Tulsa, OK
 - Professional \$20.00
 - Collegiate/New Grad \$0.00
 - Retiree \$5.00
- SOUTH CAROLINA-
 - Greenville, OK
 - Professional \$25.00
 - Collegiate/New Grad \$25.00
 - Retiree \$20.00

- TEXAS-
 - Austin, TX
 - Professional \$35.00
 - Collegiate/New Grad \$25.00
 - Retiree \$0.00
 - Dallas, TX
 - Professional \$45.00
 - Collegiate/New Grad \$20.00
 - Retiree \$0.00
 - Lubbock, TX
 - ALL MEMBERS \$0.00
 - San Antonio, TX
 - Professional \$25.00
 - Collegiate/New Grad \$20.00
 - Retiree \$10.00
- WASHINGTON-
 - Seattle, WA
 - Professional \$60.00
 - Collegiate/New Grad \$15.00
 - Retiree \$20.00
- WISCONSIN-
 - Madison, WI
 - Professional \$30.00
 - Collegiate/New Grad \$16.00
 - Retiree \$0.00
 - SE WISCONSIN, WI
 - ALL MEMBERS \$25.00

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 rejoin as a new member, receiving a new join date and paying a \$50 new application fee in order to become an active member again.

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

PAYMENT OPTIONS:

- Check** made payable to **AWC**
- 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 can also renew online at: www.womcom.org

| | |
|--------------------------------|-----------|
| <u>TOTAL DUE:</u> | |
| 3. National Membership Dues \$ | _____ .00 |
| 4. Chapter Dues \$ | _____ .00 |
| <hr/> | |
| TOTAL = \$ | _____ .00 |

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

AWC Memberships are non-refundable and non-transferable