

Date of Application: _____
Month Day Year

Corporate Membership Guidelines:

- Corporate memberships **MUST** be purchased in increments of 3 (Classic Level) or 5 (Signature Level)
- One member must be chosen as the primary contact for the AWC Corporate Membership
- AWC Corporate Memberships **MUST** be purchased with **ONE FORM** of payment
- AWC Corporate Memberships **ARE** transferable. If an employee leaves the company, the employee is able to retain their membership while the company is also able to transfer the membership to another employee as a courtesy from AWC

Membership Campaign:

Code: _____

Referred By: _____

1. Membership Category:

Choose from ONE of the following memberships:

\$1895.00 Signature Corporate Membership
5 Memberships, 2 National Conference Registrations,
exposure on AWC National Web Site and Conference
Programs

\$995.00 Classic Corporate Membership
3 Memberships, 1 National Conference Registration,
exposure on AWC National Web Site and Conference
Programs

1. NATIONAL MEMBERSHIP DUES SUBTOTAL \$ _____ .00

2. National Application Fee:

Choose from ONE of the following one-time national application fees:

Waived – Membership Campaign
\$250.00 Signature Corporate Membership
\$150.00 Classic Corporate Membership

2. NATIONAL APPLICATION FEE SUBTOTAL Waived \$ 0.00

3. Chapter Application Fee (alphabetical order by state):

Choose from ONE of the following one-time chapter application fees:

Texas-Austin
\$10.00 x ___ member(s) = \$ _____ .00

Texas-Dallas
\$15.00 x ___ member(s) = \$ _____ .00

Missouri-Kansas City
\$5.00 x ___ member(s) = \$ _____ .00

Wisconsin-Madison
\$25.00 x ___ member(s) = \$ _____ .00

New York-Westchester/Fairfield
\$10.00 x ___ member(s) = \$ _____ .00

Chapter not listed
\$0.00 x ___ member(s) = \$ _____ .00

WAIVED due to Membership Drive
AWC _____ Chapter
If you chose this option, your application **MUST** be
received by AWC National Headquarters **BEFORE** the
Membership Drive for your chapter ends
\$0.00 x ___ member(s) = \$ _____ .00

3. CHAPTER APPLICATION FEE 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.**

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

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 01/2009

4. Chapter Dues (alphabetical order by state):

If members reside in different areas, the appropriate chapter dues must be checked below and paid

- | | |
|---|--|
| <input type="checkbox"/> NO LOCAL CHAPTER/NO AFFILIATION WITH A CHAPTER-
\$0.00 x ___ member(s) = \$____.00 | <input type="checkbox"/> New Mexico-
Albuquerque \$25.00 x ___ member(s) = \$____.00 |
| <input type="checkbox"/> California-
Santa Barbara \$50.00 x ___ member(s) = \$____.00 | <input type="checkbox"/> New Jersey -
Northern New Jersey \$20.00 x ___ member(s) = \$____.00 |
| <input type="checkbox"/> Colorado-
Denver \$30.00 x ___ member(s) = \$____.00 | <input type="checkbox"/> New York-
Rochester \$20.00 x ___ member(s) = \$____.00
Westchester/Fairfield \$40.00 x ___ member(s) = \$____.00 |
| <input type="checkbox"/> District of Columbia-
Washington, D.C \$40.00 x ___ member(s) = \$____.00 | <input type="checkbox"/> Ohio-
Toledo \$35.00 x ___ member(s) = \$____.00 |
| <input type="checkbox"/> Florida-
South Florida \$30.00 x ___ member(s) = \$____.00 | <input type="checkbox"/> Oklahoma-
<input type="checkbox"/> Oklahoma City \$20.00 x ___ member(s) = \$____.00
<input type="checkbox"/> Tulsa \$20.00 x ___ member(s) = \$____.00 |
| <input type="checkbox"/> Iowa-
Des Moines \$30.00 x ___ member(s) = \$____.00 | <input type="checkbox"/> South Carolina-
Greenville \$25.00 x ___ member(s) = \$____.00 |
| <input type="checkbox"/> Illinois-
<input type="checkbox"/> Bloomington/Normal \$25.00 x ___ member(s) = \$____.00
<input type="checkbox"/> Springfield \$25.00 x ___ member(s) = \$____.00 | <input type="checkbox"/> Texas-
<input type="checkbox"/> Austin \$35.00 x ___ member(s) = \$____.00
<input type="checkbox"/> Dallas \$45.00 x ___ member(s) = \$____.00
<input type="checkbox"/> Lubbock \$0.00 x ___ member(s) = \$____.00
<input type="checkbox"/> San Antonio \$25.00 x ___ member(s) = \$____.00 |
| <input type="checkbox"/> Indiana-
Lafayette IN \$10.00 x ___ member(s) = \$____.00 | <input type="checkbox"/> Washington-
Seattle \$60.00 x ___ member(s) = \$____.00 |
| <input type="checkbox"/> Kansas-
Topeka \$12.00 x ___ member(s) = \$____.00 | <input type="checkbox"/> Wisconsin-
<input type="checkbox"/> Madison \$30.00 x ___ member(s) = \$____.00
<input type="checkbox"/> SE Wisconsin \$25.00 x ___ member(s) = \$____.00 |
| <input type="checkbox"/> Michigan-
Detroit \$40.00 x ___ member(s) = \$____.00 | |
| <input type="checkbox"/> Missouri-
<input type="checkbox"/> Kansas City \$30.00 x ___ member(s) = \$____.00
<input type="checkbox"/> Springfield \$20.00 x ___ member(s) = \$____.00 | |

4. CHAPTER DUES SUBTOTAL \$ _____ .00

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: _____

TOTAL DUE:

1. National Membership Dues	\$	_____	.00
2. National Application Fee	\$	_____	.00
3. Chapter Application Fee(s)	\$	_____	.00
4. Chapter Dues	\$	_____	.00
TOTAL =		\$	_____

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

AWC Memberships are non-refundable

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Revised 01/2009



Primary Contact Person as stated in "Corporate Membership Guidelines" Section:

Does not have to be a member

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

Member #1:

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

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Member #2:

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

Member #3:

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

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Member #4 (Must be Corporate Signature Member):

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

Member #5 (Must be Corporate Signature Membership):

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

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