

2. DEMOGRAPHIC INFORMATION:

Gender:

- Female Male

Birth Date: _____

MM/DD/YYYY

Education:

- High School
 Associates
 Bachelors
 Masters/Graduate
 Other: _____

Field/Discipline:

Professional Title:

Company Name:

Employer:

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

Employment Status:

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

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