

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](mailto:members@womcom.org) • [www.womcom.org](http://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<br>N/A |         |
| <input type="checkbox"/> STUDENT CHAPTER-Student Chapter (School Name)<br>_____ N/A      |         |
| <input type="checkbox"/> CALIFORNIA-<br><u>Santa Barbara, CA</u>                         |         |
| <input type="checkbox"/> Professional/Retiree  | \$50.00 |
| <input type="checkbox"/> Collegiate/New Grad   | \$15.00 |
| <input type="checkbox"/> COLORADO-<br><u>Denver, CO</u>                                  |         |
| <input type="checkbox"/> ALL MEMBERS   | \$30.00 |
| <input type="checkbox"/> DISTRICT OF COLUMBIA-<br><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-<br><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-<br><u>Des Moines, IA</u>                                  |         |
| <input type="checkbox"/> ALL MEMBERS   | \$30.00 |
| <input type="checkbox"/> ILLINOIS-<br><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-<br><u>Lafayette, IN</u>                                |         |
| <input type="checkbox"/> ALL MEMBERS   | \$10.00 |
| <input type="checkbox"/> KANSAS-<br><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-<br><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-<br><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-<br><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-<br><u>Northern New Jersey, NJ</u>                   |         |
| <input type="checkbox"/> ALL MEMBERS   | \$20.00 |

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- 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](http://www.womcom.org)**

<b><u>TOTAL DUE:</u></b>	
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\*