

## NEW STUDENT MEMBER APPLICATION

You also can apply online at <a href="www.womcom.org">www.womcom.org</a>
<a href="www.womcom.org">Full-time</a> undergraduate & graduate students ONLY

By providing your contact information, you authorize AWC to communicate with you via the e-mail address, fax or phone numbers provided. Memberships are processed within two weeks of receipt.

Date Submitted:/	ADDITIONAL INFORMATION:  Date of Birth://
Main Phone: ( ) -	Education:
Main E-mail:	Degree Program:
Referred by (if applicable):	☐ Bachelors ☐ Graduate
Street , City, State Zip	Major:
Please list your <b>permanent</b> mailing address below. This is <b>not</b> your school address but rather the address at which you can receive mail all year long.	Minor:
PERMANENT ADDRESS	GRADUATION DATE: (Required)
Street	Month Day Year
Street 2	
City ST Zip	GPA:
Alt. Phone ( ) -	☐ I confirm that I am attending school on a <u>full-time</u> status until the graduation date listed above.
Alt. Email	☐ I AGREE to abide by the bylaws, policies, and pro-
MEMBERSHIP SELECTION:	cedures of AWC
National Dues  ► Collegiate/New Graduate \$34	FACULTY ADVISOR VERIFICATION:
Chapter Affiliation: (select one of the three options below)	Signature
□ I am part of thestudent chapter (pay local dues portion directly to student chapter.)	TOTAL DUE:
	National dues: \$34
□ I wish to join the professional chapter at the student rate of \$ (check Web site for chapter rate)	
☐ I am not affiliated with a chapter: \$ 0	Total: \$
PAYMENT INFORMATION: (please select one of the payment option	ns below and fill in appropriate information)
☐ Group check from student chapter #:	
☐ Individual check (payable to "AWC" ) #:	
☐ Credit Card (☐Visa, ☐MasterCard, ☐AmEx):	Socurity Codo:
Card #: Exp/_ Cardholder Name: Signatu	
Billing Address:	