



NEW STUDENT MEMBER APPLICATION

DATE: / /

PREFERRED CONTACT: Home Permanent

NAME: _____

PLEASE PRINT

Please spell out city names, and include area codes and zip codes. You must list a permanent mailing address; if it is the same as your home address write "same"..

HOME ADDRESS:	PERMANENT:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone: () -	Phone: () -
Email:	Email:
	Fax:

****REQUIRED**** Anticipated Graduation Date: / /
 School Name: _____

MEMBERSHIP SELECTION & PAYMENT INFORMATION		<i>(View list of chapters on www.womcom.org)</i>
Membership Category:	Collegiate/New Graduate	\$ 29.00
Application Fee-National:	Not applicable to students	\$ 0.00
Chapter Name: (fill in name)		\$
	<small>**Please note: only fill in a chapter rate if you are joining a professional chapter as a student.</small>	We do not currently process local student chapter dues; pay those directly to your student chapter.
	Total due:	\$.00
PAYMENT INFORMATION:	TYPE	
	<input type="checkbox"/> Check #:	
<i>We accept Visa, MasterCard & Amex</i>	<input type="checkbox"/> Credit Card	Type:
Card #:		Exp. Date: / /
Name on Card:		
Billing Address: <i>(Or indicate one of the addresses above as the billing.)</i>		Signature:

- A standard bank charge of \$35 will be assessed on all declined credit cards and bounced checks.
- Member applications are processed and new cards mailed within two weeks of receipt. At that time you will also receive your website member login information. Contact members@womcom.org with any questions.
- By providing your contact information, you authorize AWC to communicate with you via the email, fax or phone provided.