CELEBRATE THE PAST

100

Shape the Future

1909 - 2009

THE ASSOCIATION FOR WOMEN IN COMMUNICATIONS

NEW STUDENT MEMBER APPLICATION

CENTENNIAL MEMBERSHIP CAMPAIGN

National Dues—**ONLY $25!**

August 24, 2009 to December 4, 2009

You also can apply online at www.womcom.org

Payment must be received by national HQ no later than December 4, 2009

Full-time undergraduate & graduate students ONLY

Date Submitted: _____/_____/_____
month day year

Name: _____

Main Phone: ( ) -

Main E-mail:

Referred by (if applicable):_____

	Street , City, State Zip
	Please list your **permanent** mailing address below. This is **not** your school address but rather the address at which you can receive mail all year long.
PERMANENT ADDRESS Street	
Street 2	
City ST Zip	
Alt. Phone	( ) -
Alt. Email	

MEMBERSHIP SELECTION:

National Dues—Special Centennial Rate

► Collegiate/New Graduate **$25** (normally $34)

Chapter Affiliation: ***(select one of the three options below)***

☐ I am part of the _____ student chapter *(pay local dues portion directly to student chapter.)*

☐ 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

ADDITIONAL INFORMATION:

Date of Birth: _____/_____/_____
month day year

Education:

Degree Program:

☐ Bachelors ☐ Graduate

Major: _____

Minor: _____

GRADUATION DATE: (Required)

_____/_____/_____
Month Day Year

GPA: _____

☐ **I confirm that I am attending school on a full-time status until the graduation date listed above.**

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

FACULTY ADVISOR VERIFICATION:

_____
Signature

TOTAL DUE:

National dues during Campaign: **$25**

Prof. Chapter dues (If applicable): $_____

Total: $_____

PAYMENT INFORMATION: **(please select one of the payment options below and fill in appropriate information)**

☐ Group check from student chapter #: _____

☐ Individual check (payable to "AWC") #: _____

☐ Credit Card (☐Visa, ☐MasterCard, ☐AmEx):

Card #: _____ **Exp.**___/_____ **Security Code**:_____

Cardholder Name: _____ **Signature:** _____

Billing Address: _____

Send application and payment to: AWC National HQ, 3337 Duke Street, Alexandria, VA 22314