

P.O. Box 4757 • Overland Park KS 66204-0757 (800) 228-0007 • Fax (913) 660-0101

Membership Application for the American Business Women's Association

Membership in ABWA is limited to individuals who are eighteen (18) years of age or older. Benefits of membership begin the date your application and payment are received and processed at ABWA's National Headquarters.

For renewal purposes, membership starts on the first day of the month following the date the application and payment are processed

and renews annually. Dues payments are non-refundable and non-transferrable.

Councils. of the American Business Women's Association, a non-profit organization.

First Name: ______ MI: ____ Last Name: _____ Affiliation Information Do you plan to join a local League? Tyes One of the squeen local League? Do you plan to join a local League? Tyes One of the squeen local League? Name of Member Sponsor (if applicable): Address and Contact Information Home address: City / State / Zip: Primary phone contact: _____ Primary e-mail address: _____ Do you have a Facebook account: ☐Yes ☐No Facebook Name: _____ Note: An e-mail address is required to access your membership information and conduct business online at www.abwa.org. By providing your e-mail address, you've given ABWA National Headquarters permission to contact you by email on association related business. **Demographics** (for statistical purposes only) Are you 18 years of age or older: Yes Birthdate (MM/DD): and Birth Year (YYYY): Business Owner, Employment and Education Level (for statistical purposes only) Are you a Business Owner?

Yes

No Description of products/services: Company Name: Job Title : Highest Level of Education Completed: ☐ High School/GED ☐ Vo-Tech ☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate Degree Enclosed, My ABWA National Dues Investment in My Professional Development \$125 ABWA National Membership *To qualify for student membership rate, you must be enrolled in 12+ credit hours per semester. Please provide a copy of your class schedule. \$50 ABWA National Student Membership **Payment Information:** Check: Mail check with application to ABWA, P.O. Box 4757, Overland Park, KS 66204-0757 □Visa □MasterCard □Discover Expiration Date: ____/___ Security Code (3-digit code on back of card): _____ Signature_ ABWA National Headquarters (ABWA Management LLC) provides service and administrative support to Members, Chapters, Express Networks and