

## AWC CORPORATE MEMBERSHIP APPLICATION

1. Corporate memberships must be purchased in increments of 3 at the Classic Level or 5 at the Signature level.
2. We must have complete information for all of the corporate members. Membership must be coordinated through a single contact who will receive the invoice. All members will have the same renewal and expiration date.
3. A membership must be purchased through one form of payment (check or one credit card)
4. Though all memberships continue to belong to the individual, there is a special membership transfer policy for corporate members. If an employee leaves, they would retain their membership. As a courtesy, the corporation may also name a replacement to their group for the remainder of the original employee's membership term.
5. Local chapter dues are not included in the membership rate.

**DATE SUBMITTED:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Were you referred by one of our professional chapters?**  Yes  No

**If yes, please provide the name of the chapter:** \_\_\_\_\_

**CORPORATE MEMBERSHIP TYPE:** *(select one and please fill in corporate member information on page 2.)*

**Classic- \$995.00 + \$150 application fee:** Three (3) memberships, one registration to the national conference, and exposure on the website and conference materials.

**Signature- \$1895.00 + \$250 application fee:** Five (5) memberships, two registrations to the national conference, and exposure on the website and conference materials.

**PRIMARY CONTACT:** *(all information is required)*

<b>NAME:</b>	
<b>COMPANY NAME:</b>	
<b>ADDRESS 1:</b>	
<b>ADDRESS 2:</b>	
<b>CITY, STATE, ZIP:</b>	
<b>CONTACT PHONE:</b>	
<b>CONTACT EMAIL:</b>	

**PAYMENT INFORMATION:**

\*Please note: a \$35 bank processing fee will be applied to any bounced checks or declined credit card transactions.

**Check** (payable to "AWC"): # \_\_\_\_\_

**Credit card** (Visa, MasterCard, American Express):

**Card #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      **Exp:** \_\_\_\_ / \_\_\_\_  
Mo      Yr

**Billing Address:**  Check here if same as above.

\_\_\_\_\_

\_\_\_\_\_

**Cardholder Name:** *(please print)* \_\_\_\_\_

**Signature:** \_\_\_\_\_

## AWC CORPORATE MEMBERSHIP APPLICATION – 2

**CORPORATE MEMBERS:** *(Please list all information for each member. Three=Classic; Five=Signature)*

<b>NAME:</b>	
<b>ADDRESS 1:</b>	
<b>ADDRESS 2:</b>	
<b>CITY, STATE, ZIP:</b>	
<b>CONTACT PHONE:</b>	
<b>CONTACT EMAIL:</b>	

<b>NAME:</b>	
<b>ADDRESS 1:</b>	
<b>ADDRESS 2:</b>	
<b>CITY, STATE, ZIP:</b>	
<b>CONTACT PHONE:</b>	
<b>CONTACT EMAIL:</b>	

<b>NAME:</b>	
<b>ADDRESS 1:</b>	
<b>ADDRESS 2:</b>	
<b>CITY, STATE, ZIP:</b>	
<b>CONTACT PHONE:</b>	
<b>CONTACT EMAIL:</b>	

<b>NAME:</b>	
<b>ADDRESS 1:</b>	
<b>ADDRESS 2:</b>	
<b>CITY, STATE, ZIP:</b>	
<b>CONTACT PHONE:</b>	
<b>CONTACT EMAIL:</b>	

<b>NAME:</b>	
<b>ADDRESS 1:</b>	
<b>ADDRESS 2:</b>	
<b>CITY, STATE, ZIP:</b>	
<b>CONTACT PHONE:</b>	
<b>CONTACT EMAIL:</b>	

The AWC membership renewal policy is also applicable to corporate members. Please review below and check the box indicating that you agree to abide by this policy.

*Any member who does not complete renewal within 60 days past the renewal date will lose membership status, and will need to re-apply as a new member, receiving a new joined date and paying the \$50 new member application fee in order to restore status.*

I agree to abide by the terms of this membership policy.

**Submit application and payment to address below.**