



# ABWA-Douglas County Charter Chapter MEMBERSHIP APPLICATION

(Please print clearly)

## NEW MEMBER INFORMATION

Date:

Last Name:

First Name:

M.I.:

Primary Mailing Address (for ABWA mail):

City:

State:

ZIP Code:

Work Phone:

Home Phone:

Cell Phone:

Primary Email Address:

## PERMISSION TO PUBLISH PERSONAL/BUSINESS INFORMATION

Yes, you may publish this address

No, please do not publish this address

Members only- only share my address with members

\*Please note: The Chapter will use this address to send invoices, etc.

## PERSONAL DEMOGRAPHICS INFORMATION

(For Statistical Purposes Only)

Birthday (MM/DD):

Birth Year: (YYYY)

Gender: Female

Male

## BUSINESS OWNER, EMPLOYMENT AND EDUCATION LEVEL DEMOGRAPHICS

(For Statistical Purposes Only)

Company Name:

Your Title:

Entrepreneur Yes  No

Description of Products/Services:

Highest Level of Education Completed:

HS/GED  Technical/Community College  Associate's Degree  Bachelor's Degree  Master's Degree  Doctorate Degree

## PAYMENT OF LOCAL DOUGLAS COUNTY CHARTER CHAPTER

\$ \_\_\_\_\_ **ABWA Local Membership**

Cash

Money Order

Check

Drive License #:

Expiration date:

Credit Card: #

Expiration Date (MM/YY):

Security Code (3-digit code on back of card):

Name on Card:

Signature:

\*Please note that local chapter members must join the National ABWA. See National ABWA membership application on our website.

## WHICH OF THE FOLLOWING BEST DESCRIBES WHY YOU JOINED ABWA?

(Check all that apply.)

To develop my leadership skills

To build my business

Community involvement

Social activities

Educational opportunities

Other