



Membership Application

Benefits of membership begin the date your application and payment are received and processed at ABWA 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.

Date: _____

First Name: _____ MI: _____ Last Name: _____

Affiliation Information:

Do you plan to join a local league? [X] Yes [] No If yes, league name South East Express Network

Note: Participation in an ABWA local league is contingent upon timely payment of annual National dues.

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 are authorizing ABWA to contact you by e-mail.

Personal Demographics (for statistical purposes only):

Birthday (MM/DD): _____ Birth Year (YYYY): _____ Gender: [] Female [] Male

Business Owner, Employment and Education Level Demographics (for statistical purposes only):

Your Company's Name: _____ Your Title: _____

Are you a business owner? [] Yes [] No Description of products/services: _____

Highest Level of Education Completed:

[] High School/GED [] Vo-Tech [] Associate's Degree [] Bachelor's Degree [] Master's Degree [] Doctorate Degree

Enclosed is my ABWA National dues payment of:

[] \$115 ABWA National Membership [] \$ 50 ABWA National Student Membership

*To qualify for student membership, include a class schedule reflecting enrollment in 12+ credit hours per semester.

Payment Information: [] Check: Mail check with application to ABWA, 9820 Metcalf Ave, Suite 110, Overland Park, KS 66212

[] Visa [] MasterCard [] Discover # _____ / _____ / _____

Expiration Date: ____/____ Security Code (3-digit code on back of card): _____

Name on Card

Signature