



891 Middleton Street
 Orangeburg, S.C. 29115
 (803) 937-1747 (phone and fax)
EmpowerHerABWAChapter@gmail.com
www.EmpowerHerABWAChapter.org

MEMBERSHIP APPLICATION				
PERSONAL INFORMATION				
First Name:	MI:	Last Name:		
Home Address:		City:		
State:	Zip Code:	Anniversary: (MM/DD):		
Primary Phone:	E-mail:	Birthday (MM/DD/YYYY):		
EMPLOYMENT & BUSINESS INFORMATION				
Employer Name:				
Address:				
Phone:	Email:		Fax:	
City:	State:		Zip Code:	
Are you a business owner? <input type="checkbox"/> Yes or <input type="checkbox"/> No			Business Name:	
INTERESTS				
Special Skills:				
Please indicate in which committees you would like to participate:				
<input type="checkbox"/> Membership & Hospitality	<input type="checkbox"/> Professional Development	<input type="checkbox"/> Personal Development	<input type="checkbox"/> Fundraising & Sponsorship	<input type="checkbox"/> Education, Scholarship & ABWA Benefits
<input type="checkbox"/> Community Outreach	<input type="checkbox"/> Special Events, Recognition & Awards	<input type="checkbox"/> Archives & History	<input type="checkbox"/> EH GEMS Society (Retired & Veteran)	<input type="checkbox"/> EH Young Leaders Society (Under 40)
<input type="checkbox"/> Health & Wellness			<input type="checkbox"/> Chapter Development & Best Practices	
<input type="checkbox"/> Communications, Branding & Publicity				
REFERRAL				
Who referred you? <input type="checkbox"/> Member <input type="checkbox"/> Non-Member			Name:	
ANNUAL CHAPTER DUES				
Membership in ABWA <i>EmpowerHer</i> Chapter is contingent upon ABWA National membership. Local and National dues are billed annually during your anniversary month. National dues will be billed separately by the ABWA organization. **To qualify for student membership, please include a class schedule reflecting enrollment 12(+) credit hours per semester. Chapter dues are listed below. Dues payments are non-refundable and non-transferrable.				
Member: <input type="checkbox"/> \$180.00	Affiliate: <input type="checkbox"/> \$180.00	Undergraduate: <input type="checkbox"/> \$25.00 1 st year** <input type="checkbox"/> \$50.00 2 nd year**		Graduate Student: <input type="checkbox"/> \$75.00
Please make all checks payable to EmpowerHer ABWA Chapter			Amount Due: _____	
<input type="checkbox"/> Credit Card: _____			Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check#: _____	
Expiration Date: ____/____ Security Code: _____			<input type="checkbox"/> Cash App: \$EmpowerHerABWA	
Billing Zip Code: _____			<input type="checkbox"/> Debit or Credit Card <input type="checkbox"/> EmpowerHer Website	
Name on Card: _____				
SIGNATURE				
I certify that all information provided on this form is accurate and authorize Business Owner & Employment Information to be listed in the <i>EmpowerHer</i> Member Directory.				
Signature: _____			Date: _____	

Thank you for investing in yourself!