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[EmpowerHerABWAChapter@gmail.com](mailto:EmpowerHerABWAChapter@gmail.com)  
[www.EmpowerHerABWAChapter.org](http://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 committee you would like to participate:				
<input type="checkbox"/> Best Practices	<input type="checkbox"/> Communications	<input type="checkbox"/> Education	<input type="checkbox"/> Fundraising & Sponsorship	<input type="checkbox"/> History & Archives
<input type="checkbox"/> Health & Wellness	<input type="checkbox"/> Membership	<input type="checkbox"/> Outreach	<input type="checkbox"/> Programming	<input type="checkbox"/> Recognition
<input type="checkbox"/> EmpowerHer Young Leaders Society				
REFERRAL				
Who referred you? <input type="checkbox"/> Member <input type="checkbox"/> Non-Member			Name:	
ANNUAL CHAPTER DUES				
Membership in ABWA EmpowerHer 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.				
Member: <input type="checkbox"/> \$100.00	Affiliate: <input type="checkbox"/> \$100.00	Undergraduate: <input type="checkbox"/> \$25.00 1 <sup>st</sup> year** <input type="checkbox"/> \$50.00 2 <sup>nd</sup> year**	Graduate Student: <input type="checkbox"/> \$75.00	
Please make all checks payable to <b>EmpowerHer</b> Chapter			Amount due:	
<input type="checkbox"/> Credit Card: _____			Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check: No: _____	
Expiration Date: ____/____ Security Code: _____			Billing Zip Code: _____	
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 EmpowerHer Member Directory.				
Signature: _____				Date: _____

Thank you for investing in yourself!