



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:	T-Shirt Size:	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/CAREER INDUSTRY/ SCHOOL MAJOR

Special Skills:

Please indicate in which Chapter 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 Military)	<input type="checkbox"/> EH Young Leaders Society (Under 40)
<input type="checkbox"/> Health & Wellness	<input type="checkbox"/> Communications, Branding & Publicity		<input type="checkbox"/> Chapter Development & Best Practices	

REFERRAL SPONSOR

Who referred you? <input type="checkbox"/> Member <input type="checkbox"/> Non-Member	Name:
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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. Dues payments are non-refundable and non-transferrable.

Member: <input type="checkbox"/> \$180	2 nd Affiliate Chapter	**Undergraduate Student: <input type="checkbox"/> \$50 1 st Year	**Graduate Student
Alumni Member <input type="checkbox"/> \$100	Member <input type="checkbox"/> \$180	<input type="checkbox"/> \$75 2 nd - 4 th Years <input type="checkbox"/> \$100 5 th - 6 th Years	<input type="checkbox"/> \$100 Year <input type="checkbox"/> \$150 3 rd &4 th

Please make all checks payable to EmpowerHer ABWA Chapter	Amount Due: _____
Name on Card: _____	Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check#: _____
Credit Card #: _____	<input type="checkbox"/> Cash App: \$EmpowerHerABWA
Expiration Date: ____/____ Security Code: _____	<input type="checkbox"/> Debit or Credit Card <input type="checkbox"/> Zelle <input type="checkbox"/> EmpowerHer Website
Billing Zip Code: _____	Include Name, Cell, and Reason on electronic payments.

SIGNATURE

I certify that all information provided on this form is accurate and authorize Business Owner & Employment Information to be listed in the *EmpowerHer* ABWA Member Directory. All dues' payments are non-refundable and non-transferrable.

Signature: _____ Date: _____

Note: Minimum \$35.00 Return Check Fee Revised 2022

Thank you for investing in yourself!