



4001 W 114th St, Ste 115, Leawood KS 66211
 913-732-5100 • Fax (913) 660-0101

Membership Application for the American Business Women's Association

Membership in ABWA is limited to individuals who are eighteen (18) years of age or older. Benefits of membership begin the date your application and payment are received and processed at ABWA's 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? Yes No If yes, League name _____

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've given ABWA National Headquarters permission to contact you by email on association related business.*

Demographics *(for statistical purposes only)*

Are you 18 years of age or older: Yes Birthdate (MM/DD): _____ and Birth Year (YYYY): _____

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

Are you a Business Owner? Yes No Description of products/services: _____

Company Name: _____ Job Title : _____

Highest Level of Education Completed: High School/GED Vo-Tech

Associate's Degree Bachelor's Degree Master's Degree Doctorate Degree

Enclosed, My ABWA National Dues Investment in My Professional Development

\$125 ABWA National Membership

**To qualify for student membership rate, you must be enrolled in 12+ credit hours per semester. Please provide a copy of your class schedule.*

\$50 ABWA National Student Membership

Payment Information: Check: Mail check with application to **ABWA, 4001 W 114th St, Ste 115, Leawood KS 66211**

Visa MasterCard Discover # _____ / _____ / _____ / _____

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

Name on Card _____

Signature _____

ABWA National Headquarters (ABWA LLC) provides service and administrative support to Members, Chapters, Express Networks and Councils of the American Business Women's Association, a non-profit organization.