




**Atlanta Area Council - A Premier Organization  
Membership Application for January – December, 2011**

You must be an ABWA National Member and Chapter/Network Member in good standing in order to join the Atlanta Area Council. We encourage everyone to join, especially Chapter/Network officers and Chapter Women of the Year.

Name:		
Chapter/Network Name:		
Home Address:		
City:	State:	Zip:
Year Joined ABWA:	Inner Circle Member: Yes      No	Number Sponsored:
Company Name:	Occupation/Title:	
Home Number:	Work Number:	
Cell Number:	Fax Number:	
Email Address:		
ABWA Role: <input type="checkbox"/> Chapter/Network President <input type="checkbox"/> Chapter/Network Vice President <input type="checkbox"/> Chapter/Network Delegate <input type="checkbox"/> Chapter/Network Alternate Delegate <input type="checkbox"/> Chapter/Network Woman of the Year	<input type="checkbox"/> Add me to the Speakers Bureau - my speech topics are: _____ _____	
Interested in Council Involvement?		
<input type="checkbox"/> Committee Chair for Committee _____ <input type="checkbox"/> Committee Member for Committee _____ <input type="checkbox"/> AAC Executive Board for Office/Committee _____		
<input type="checkbox"/> I would like to receive the AAC newsletters electronically via email ONLY. Do not send me paper copies of the newsletters in the mail. 		

Annual Dues: \$15.00 for membership from January – December 31, 2011

Membership Committee Use Only		
Date:	<input type="checkbox"/> New Member <input type="checkbox"/> Renewal <input type="checkbox"/> Membership Information Update	
Paid With: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Payable to AAC-ABWA	Mail Membership Form To: Atlanta Area Council Membership Chairperson Evelene Key 2212 Scarborough Drive Stone Mountain, GA 30088	

