



Accounting & Financial Women's Alliance
CONNECT • ADVANCE • LEAD

2018-2019 | STUDENT

Membership Application

New Member Reapplying Member

Chapter/University:			
Name (First/Last)		Major	
Phone		Email	
Birthdate (mm/dd/yy)		Exp. Graduation (mm/yy)	

Please check your preferred mailing address:

School Address

Home Address

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

ANNUAL NATIONAL DUES	<input type="checkbox"/> Student (\$45) - Regularly enrolled students, attending at least half-time, in post-secondary educational institutions, majoring in accounting, finance, or equivalent	\$
ANNUAL CHAPTER DUES	Contact your Chapter for rates	\$
	TOTAL	\$

METHOD OF PAYMENT

Check payable to AFWA Visa MasterCard American Express Other _____

Billing address: School Address Home Address

Card Number _____ Exp. Date _____

Name on Card _____ Signature _____

Return completed form to: AFWA Headquarters 2365 Harrodsburg Rd, A325, Lexington, KY 40504
Email: afwa@afwa.org

You may also join online at AFWA.org/JOIN