



AMERICAN BUSINESS WOMEN'S ASSOCIATION

South Gwinnett Charter / Georgia

NEW MEMBER APPLICATION (Local Chapter Information)

Name: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Birthday: _____ Email: _____

Business : _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Ofc Phone: _____ Fax: _____

Work Email: _____

Website: _____

I joined ABWA to: _____

Where do you prefer to receive your mail? Home / Office

What topics would you like to hear about at our meetings? _____

What skills, talents, and/or hobbies would you like to contribute to the chapter?

- | | | |
|--|--|--|
| <input type="checkbox"/> Organizing Events | <input type="checkbox"/> Leadership Training | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Recruit Members | <input type="checkbox"/> Publicity | <input type="checkbox"/> Plan Programs |
| <input type="checkbox"/> Financial Mgt | <input type="checkbox"/> Record Keeping | <input type="checkbox"/> Other: _____ |

NOTE: This local chapter application should be completed in addition to the National ABWA application. A separate check should be issued for local dues. The local, South Gwinnett ABWA dues are \$30 per year. Please return both National & Local forms with dues to the Membership Chair at our next meeting. Do not forget to complete the Website Information sheet. *Welcome to the group!*

Home address will never be published. It is merely a record keeping for the Board of Directors.

Comment: _____
