

AWNY Membership Application & Profile

> MAIL or FAX to ADVERTISING WOMEN OF NEW YORK, 25 W. 45th Street, Suite 403, New York, NY 10036 Phone: (212) 221-7969, Fax: (212) 221-8296

DATE:				
NAME:		TITLE:		
COMPANY:		PRIMARY BUSINESS:		
BUSINESS ADDRESS:		CITY, STATE, ZIP:		
Bus. PHONE:		Bus. FAX:		E-MAIL:
HOME ADDRESS:		CITY, STATE, ZIP:		
Home PHONE:		Home FAX:		E-MAIL:

Mailing Preference: HOME BUSINESS E-mail Preference: HOME BUSINESS
 Please check here if you do not want AWNY to use your e-mail address for general mailings about our events and activities

> YEARS AT PRESENT COMPANY: YEARS IN COMMUNICATIONS INDUSTRY:

> EDUCATION:

COLLEGE: MAJOR: 2-YEAR COLLEGE 4-YEAR COLLEGE MASTERS DEGREE Ph D

> OTHER PROFESSIONAL MEMBERSHIPS:

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

> COMPANY TYPE:

Advertising Agency Advertiser/Client Broadcast / Cable Internet/Online Services Magazine Newspaper Out of Home Public Relations

> JOB FUNCTION:

Owner/Top Management Sales Marketing Production Media Creative Programming Advertising Product Management Public Relations

> OTHER
(Please Specify)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Select the item in each category that best represents your situation (this section is optional)

> AGE: UNDER 25 25 - 30 31 - 45 OVER 45

> SALARY: UNDER \$25,000 \$25,001 - 35,000 \$35,001 - 50,000 \$50,001 - 75,000 \$75,001 - 100,000 OVER \$100,000

MEMBERSHIP CATEGORY <input type="radio"/> RESIDENT MEMBER Annual Dues: \$125, \$100 Initiation Fee <input type="radio"/> SUPPORTING MEMBER Annual Dues: \$150, \$100 Initiation Fee <input type="radio"/> YOUNG EXECUTIVE MEMBER (under 30) Annual Dues: \$65 <input type="radio"/> ASSOCIATE MEMBER Annual Dues: \$50 <input type="radio"/> NON-RESIDENT MEMBER Annual Dues: \$50 <input type="radio"/> Check here if reinstatement (initiation fee waived) Will company reimburse you? <input type="radio"/> Yes <input type="radio"/> No	METHOD OF PAYMENT <input type="radio"/> AMEX <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> PERSONAL OR BUSINESS CHECK CARD NUMBER <input type="text"/> EXPIRATION DATE <input type="text"/> <input type="text"/> <input type="text"/> SIGNATURE <input type="text"/>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

YOUNG EXECUTIVE APPLICANTS ONLY DATE OF BIRTH TYPE OF ID

If you were referred by someone, please indicate person's name here: