

AAWC Membership Application

To ensure a current and complete member and directory listing,
you are **STRONGLY ENCOURAGED** to **JOIN ONLINE** at www.aawconline.org.

Required Information:

Name: _____

Credentials for Certificate (RN, MD, CWS) _____ Professional Category (MD, RN, etc): _____

Employer: _____ Position (Required) _____ Education Level (Required): _____

List preferred address for mailings and **PLEASE CIRCLE ONE TO THE RIGHT** → I am listing HOME or WORK below.

Street: _____

City: _____ State: _____ Zip/Postal Code _____

Country: _____ E-mail _____

Phone Numbers (Home) _____ (Work – Required) _____

Employment/Practice setting (required):

- | | | |
|---|---|---|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Stand Alone Clinic or Center | <input type="checkbox"/> Home Health Care |
| <input type="checkbox"/> Long Term Care | <input type="checkbox"/> Private office/Facility | <input type="checkbox"/> University/college |
| <input type="checkbox"/> Corporate/Industry | <input type="checkbox"/> Other: _____ | |

Did someone refer you? If so, who: _____

Please tell us where you received this application (please be specific). _____

MEMBERSHIP CATEGORY

Individual Memberships:

- | | |
|--|-------|
| <input type="checkbox"/> Clinician/Individual: | \$145 |
| <input type="checkbox"/> Clinician/Individual Trial Membership for 6 months: | \$99 |
| <input type="checkbox"/> Student: | \$60 |
| <input type="checkbox"/> Retiree: | \$60 |
| <input type="checkbox"/> Patient/Caregiver: | \$30 |

Facility/Corporate Memberships:

- | | | |
|--|-------|--|
| <input type="checkbox"/> Clinic/Healthcare facility: | \$360 | |
| <input type="checkbox"/> Corporation: | \$360 | <input type="checkbox"/> Check here if your company is interested in becoming an AAWC Sponsor. |

<u>TOTAL</u>	Membership Dues (from above):	\$ _____
	Other Donations (tax-deductible):	
	AAWC Scholarship Fund	\$ _____
	Giving Campaign (General Fund)	\$ _____
	Global Alliance Fund	\$ _____
	TOTAL DUE:	\$ _____

PAYMENT METHOD

Check/Money Order (Payable to AAWC in US Funds from US Bank) Visa MC AMEX

Card#: _____ Exp. Date: _____

Signature of Cardholder: _____

Send this form to: AAWC - 83 General Warren Blvd, Ste 100 - Malvern, PA 19355

Fax: 610-560-0502

Questions: (866) AAWC-999 or 610-560-0484

www.aawconline.org

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