



9070 Irvine Center Drive, Unit 145, Irvine, CA 92618
 Phone: (714) 963-2294; E-Mail: info@aweoc.com; Web Site: www.aweoc.com

Name:		Title:
Company:		Web Site:
Address:		
City:	State:	Zip + 4:
Phone + Ext:	Fax:	E-Mail:
Are you a business owner? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Planning to start a business <input type="checkbox"/> Others		Are you certified by any agency as a qualified minority/woman/disadvantaged business enterprise? <input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in volunteering for the following committee: <input type="checkbox"/> Program/Education <input type="checkbox"/> Corporate & Community Relations <input type="checkbox"/> Membership <input type="checkbox"/> Event(s) Planning & Sponsorship <input type="checkbox"/> Other		Referred By: <input type="checkbox"/> Member _____ <input type="checkbox"/> Other _____
Write a brief description of your business. Please do not exceed 150 characters, including punctuation and spaces. <hr/> <hr/> <hr/>		

MEMBERSHIP DUES

Membership Category: <input type="checkbox"/> Lotus Member Business Owner Yearly Dues <input type="checkbox"/> Lifetime Member <input type="checkbox"/> Student Yearly Dues	Category Fees: <input type="checkbox"/> \$75 Lotus Member (Business owner who is sole proprietor, partner, or stockholder with day-to-day management responsibilities. Or person that wish to lend support to AWE through membership) <input type="checkbox"/> \$1,000 Lifetime (Person who want to support AWE's future and see themselves as part of that future) <input type="checkbox"/> \$25 Student (Student is enrolled full-time in an accredited college/university – undergraduate or graduate - within the U. S.)
--	---

METHOD OF PAYMENT

Annual Dues (amount from category): \$ _____ Monthly PayPal payments: \$ _____ Total Amount Due: \$ _____	<input type="checkbox"/> Check enclosed (payable to AWE) <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> PayPal (monthly payments until cancel by member) Card Number: _____ Expiration Date: _____ Credit Card Billing Zip Code: _____ Cardholder Name: _____ Signature: _____
--	--

Member in AWE is recorded in the name of the individual, not the organization. Membership dues are non-refundable and are billed annually on the anniversary date of acceptance. Pursuant to the Revenue Act of 1987, we are required to advise you that your Association dues are not deductible as charitable contributions for federal income tax purposes. However, your dues payments remain deductible as business expenses to the same extent as permitted under law.

I hereby apply for "membership" in the Asian Women Entrepreneurs. I will be entitled to all member privileges, services and benefits, and will support AWE's activities. By signing this application, I agree to be bound and abide by the AWE bylaws, a copy of which will be provided upon request. I hereby certify that the information contained in this application is true and complete to the best of my knowledge and belief.

Signature: _____ Title: _____ Date: _____