



New Member Form

First name: _____ **Last name:** _____

HOME:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

WORK:

Company: _____

Title _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Would you like to participate in any of the following programs?

(Check all that you are interested in.)

Mentorship _____

Education Initiative _____

Entrepreneur Classes _____

Technical Classes _____

I heard about AWT from:

AWT Member Friend Trade Fair Article Web Page Ad

Please list specific source: _____

If you wish to pay by mail, send **\$100.00** check or money order payable to "AWT" to:

Association for Women in Technology
P.O. Box 12962
Newport Beach, CA 92658

Annual Membership runs to month end, one year from date of purchase.