



Association for Women in Architecture Seattle

Membership Application Form

Membership Options
<input type="checkbox"/> \$15 Student Membership <input type="checkbox"/> \$35 Professional Membership <input type="checkbox"/> Scholarship Fund Contribution Amount \$ _____

Personal Interests
Please contact me about: <ul style="list-style-type: none"> <input type="checkbox"/> Mentorship <input type="checkbox"/> Volunteer Opportunities <input type="checkbox"/> Board member or committee positions <input type="checkbox"/> Organizing future events <input type="checkbox"/> Other _____

Your contact information will be used for AWA non-profit membership purposes only. It will not be sold or otherwise distributed.

Name		
Profession	Firm	
Address <ul style="list-style-type: none"> <input type="checkbox"/> Home <input type="checkbox"/> Business 		
City	State	Zip Code
Phone <ul style="list-style-type: none"> <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile 	Alternate phone <ul style="list-style-type: none"> <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile 	
Email		

Please complete this form, include payment and mail or email to:

AWA Seattle
 P.O. Box 84845
 Seattle, WA 98124-6145

awaSeattle@gmail.com

Need more information? Visit us at awaSeattle.com