

CWA

chicago women in architecture [membership application]

Please Check

- Renewal New Member
- Corporate Member** [member + 2 employees]
\$250 per year + \$50 per additional employee
- Sponsor**
\$500 per year
- Full Member**
\$85 per year (September - August)
- NEW Member**
\$50 first year
- Student or Retired Member**
\$25 per year
- Scholarship Donation to CWA Foundation**
\$ _____

[today's date] _____

Preferred mailing address

- Home Business
- Please do NOT include my information in the Membership Directory listing

Personal Information

[name] _____

[home address] _____

[city, state, zip code] _____

[home phone] _____

[home email] _____

Business Information

[firm] _____

[title] _____

[address] _____

[city, state, zip code] _____

[business phone] _____

[business email] _____

Please make checks payable to Chicago Women in Architecture **[Over ►]**

[Back]

Student Information (Student Members)

[major] _____

[university] _____

[city, state] _____

[anticipated graduation] _____

Academic Background

[degree(s)] _____

[university(ies)] _____

[year(s) received] _____

Professional Information

Licensed Architect: State(s) _____

Licensed Landscape Architect: State(s) _____

Licensed Interior Designer: State(s) _____

[professional affiliations] _____

[firm ownership (full or partial)] _____

I am interested in the following committees:

- Membership
- Newsletter / Communications
- Lecture Series
- Student / University Liaisons
- Diversity Liaisons
- Events

Please mail membership application to:

Chicago Women in Architecture
P.O. Box 10788
Chicago, IL 60610

For more information visit www.cwarch.org