



AMERICAN ASSOCIATION FOR WOMEN IN COMMUNITY COLLEGES
Montgomery College Chapter

MEMBERSHIP APPLICATION

Fall 2017 – Spring 2018 Academic Year

PLEASE CHECK ONE OF THE FOLLOWING:

NEW MEMBERSHIP

RENEWAL MEMBERSHIP

DATE: _____

NAME: _____

FACULTY STAFF

TITLE/POSITION: _____

DEPARTMENT: _____

OFFICE LOCATION (Please check one): _____

GT Campus RV Campus TTP/SS Campus Other _____

(Building and Room): _____

EMAIL: _____ PHONE: _____

Please make check payable to MC-AAWCC and send to:

Tameka Cruz, Financial Aid, RV Campus, Room SV-120

Enclosed is \$50 for membership in the MC-AAWCC Chapter and National Chapter

Optional:

Please select the committee(s) you are interested in helping with this year:

Membership Program Finance Communication

Please select the event(s) you are interested in helping with this year:

Membership Drives Conference Planning Strategic Planning
 Fundraising Drives Book Discussions National Day of Dialogue

For Office Use Only

Date: _____ Check # _____

___ Membership List

___ Distribution List

___ Confirmation Sent