



Membership Application

Association for Women in Computing - North Jersey Chapter

Date: _____

Name: _____

E-Mail: _____

Title: _____

Company: _____

ADDRESS Home or Work (circle one)

Street: _____

City: _____

State: _____ Zip: _____

Telephone: _____ home / work / cell (circle one)

Type of Membership:

\$50 Individual

\$25 Student (Name University) and Classification _____

Membership:

Renewal

New Member

If accepted for Association Membership. I agree to comply with the requirement and by-laws and all regulations adopted by the Association.

Signature:

Forward application to: membership@awcnnj.org or mail to:
Suzanne Balian
218 Carlton Rd
Millington NJ 07946