



MEMBERSHIP APPLICATION

Name _____ Title _____

Mailing Address _____

City/State/Zip _____

Telephone _____ Email _____

Payment Information

ARDA WIN ADVANTAGE Membership Fee **\$84.00**

Check enclosed (*payable to ARDA in U.S. Dollars drawn on a U.S. Bank*)

Please charge my credit card:

MasterCard VISA American Express Diners Club

Card Number _____ Exp. Date _____

Name on Card _____

Signature _____

Privacy Disclaimer

By registering for membership in Women in the Industry (WIN), be aware that the contact information you provide, including your name, title, company address, phone and email address will be available for distribution to WIN Corporate Benefactors. Financial information, including credit card numbers, will not be shared. WIN assumes no liability for disclosure of such information. If you do not want your information released, check the box below.

I do not give WIN permission to distribute my contact information

Now and in the future I agree to observe and abide by the ARDA Code of Ethics.

Signature _____ Date _____