



# Membership Application Form

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City/State/ Zip Code: \_\_\_\_\_

Office Phone: (\_\_\_\_) \_\_\_\_\_ Office Fax: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Workforce Investment Region: \_\_\_\_\_

Please indicate the membership you are applying for:

- Missouri Association for Workforce Development (MAWD) - \$25.00
- National Association of Workforce Development Professionals (NAWDP) - \$75.00
- Combined Membership - Missouri Association for Workforce Development (MAWD) and National Association of Workforce Development Professionals (NAWDP) - \$100.00

In order to separate information for each individual, please list your physical office. This will not be used for any purpose other than to distinguish co-workers within the MAWD Data System.

Office Address: \_\_\_\_\_

City/State/ Zip Code: \_\_\_\_\_

Please mail the completed Membership Application Form and a check or money order payable to the Missouri Association of Workforce Development to:

**Missouri Association for Workforce Development**  
**Treasurer Melissa Robbins**  
**416 Washington Ave**  
**West Plains, MO 65775**