



애틀랜타 한인여성경제인 협회

akabwa@gmail.com

Membership Application (New or Renewal)

Member's Name			
Company Name			
Address	Stree		
	City	State	Zip
Phone Number			
Cell Number			
Email Address			
Web Site			
Type of Business			
Products & Services			
Description of Business			

I, _____, hereby submit this application for the membership of the Atlanta Korean American Business Women's Association. I shall exchange my knowledge, information and experiences with other members and put my best effort to further improve the relationship between the Atlanta Korean American Business Women's Association and the local business communities.

Name: _____

Signature: _____

Date: _____

*** Membership fee is \$300/year. Please make a check payable to AKABWA ***