



# American Women's Self Defense Association (AWSDA)

## Membership Application

Please print clearly or type (if necessary, please use back of application):

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex:  F  M\*  \* If applying for membership, **males** must submit a brief resume and a letter of intent explaining reasons for applying for AWSDA membership. Your application WILL NOT be processed without it.

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country, if not US: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-mail (for internal use only): \_\_\_\_\_

My purpose for joining AWSDA is: \_\_\_\_\_

Expertise, experience, or related training: \_\_\_\_\_

Additional comments: \_\_\_\_\_

I heard about AWSDA through: \_\_\_\_\_

AWSDA runs a FREE referral database of training facilities, rape crisis counseling centers, victim assistance programs, etc. Our goal is to provide information about local services available to members and non-members. Once you become a member and if you would like to be part of it, please visit [www.awstda.org](http://www.awstda.org) and register.

### **AWSDA members must demonstrate a commitment to the values and purposes of the Corporation, including respect for women and all others.**

#### AWSDA Values

- Every woman has the absolute right to defend herself.
- It is important that every woman has access to readily available, practical self-defense training.
- It is important to educate women about their legal rights in regards to self-defense.
- It is important to provide outreach, rape prevention and self-defense training to women in their communities.
- It is important to establish a collaborative effort with other organizations in order to promote women's self-reliance and to facilitate the provision of a full range of related services including rape crisis and counseling centers.

Please Sign

\_\_\_\_\_  
(Applicant's Signature) Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

### Payment Options

1 Year \$45

2 Years \$75

3 Years \$95

(Please enclose a check or money order payable in US funds to AWSDA)

OR please charge my credit card:  MasterCard  Visa  American Express  Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_ Card Holder's Signature: \_\_\_\_\_

**Student DISCOUNT application fee is \$35. Enclose copy of full time student ID and schedule**  
Please allow 4-6 weeks for processing. All applicants will be notified by mail. ***THANK YOU!!***

AWSDA is an international, not-for-profit, (501-c-3) educational organization

#### RETURN TO:

AWSDA, PO Box 862, Plainfield, IL 60544

phone: 331.888.2449

email: [awstda.info@gmail.com](mailto:awstda.info@gmail.com) ♦ website: [www.awstda.org](http://www.awstda.org)