



# COLUMBIA

## WORLD AFFAIRS COUNCIL

### Membership Application

Please complete the form below and mail to: Columbia World Affairs Council, P.O. Box 5593, Columbia, S.C. 29250; or e-mail: [programs@columbiaworldaffairs.org](mailto:programs@columbiaworldaffairs.org)

#### Individual Information

First Name			
Last Name			
Job Title			
Company Name			
Mailing Address			
City	State	Zip	
Website (url)			
Home Phone	Work Phone		
Email			

#### Please select your membership level:

- |  |   |
|--|---|
| <input type="checkbox"/> Ambassador-Couple* (\$275   Year) | <input type="checkbox"/> Ambassador-Individual (\$200   Year) |
| <input type="checkbox"/> Diplomat-Couple* (\$200   Year)   | <input type="checkbox"/> Diplomat-Individual (\$125   Year)   |
| <input type="checkbox"/> Envoy-Couple* (\$90   Year)       | <input type="checkbox"/> Envoy-Individual (\$55   Year)       |
| <input type="checkbox"/> Retired-Couple* (\$75   Year)     | <input type="checkbox"/> Retired-Individual* (\$45   Year)    |
| <input type="checkbox"/> Student (\$20   Year)             |   |

\*Spouses only

Payment:  Enclosed Check       Enclosed Money Order       Credit Card

Credit Card Information:  Visa       MasterCard       American Express

*All information should match that of your credit card records*

Name			
Email			
Mailing Address			
City	State	Zipcode	
Phone			
Credit Card #			
Security Code			
Expiration Date	Month	Year	

Please check this box if you require an invoice.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**THANK YOU!**