



Membership Application

DATE: _____

FOR OFFICE USE ONLY:

Returning Member: Y N

Monthly Installments: Y N

Start Date: _____

Promo Code: _____

CONTACT INFORMATION:

Full Name: _____

Street Address: _____

City, State, Zip: _____ Phone: _____

Username (max. 15 characters): _____ New Member Renewing

Email: _____

TELL US MORE ABOUT YOURSELF:

Gender (check one): Male Female **Age** (circle one): 18-29 30-44 45-54 55-69 70+

How much time do you spend listening to WURD every day? (circle one)

0-30 min | 1-2 hrs. | 2-3 hrs. | 3+ hrs.

How do you listen to WURD? (check one)

Online (on my computer) On my phone/tablet On air (in my car, home or office)

What is your Education Level? (check one) High School or GED Some College

Associate's Degree Bachelor's Degree Graduate Degree Doctorate/Post-Doctoral

What is your race/ethnicity? (check all that apply) Black/African-American/Caribbean Descent

Hispanic/Latino White/Caucasian Asian/Pacific Islander Other

Who is your favorite WURD host? _____

Did anyone refer you to become a forWURD Member? _____

T-Shirt Size (indicate quantity) ___ S ___ M ___ L ___ XL ___ 2X ___ 3X ___ 4X

PAYMENT INFORMATION:

Membership Type: Individual (\$90) Family (\$300)

Method of payment (check one):

Cash in the amount of \$ _____

I have enclosed a check in the amount of \$ _____ (make payable to 900AM-WURD)

Please charge my card the entire amount indicated above, for my annual membership

Please charge my card in three (3) monthly installments of \$30 each (Individual Members)

Visa MC AMEX Card # _____

Exp. Date: _____ Name on Card: _____

Billing Address: _____

Security Code: _____ Signature: _____