



ASSOCIATION OF **WOMEN** CONTRACTORS

## AWC BUILD UP CREWS APPLICATION FOR PARTICIPATION

NAME:

DATE:

COMPANY NAME:

CITY:

STATE:

ZIP:

EMAIL:

PHONE:

SCOPE OF WORK:

YEARS IN BUSINESS:

WHAT ARE YOU HOPING TO GAIN FROM A GROUP?

WOULD YOU BE WILLING TO LEAD A GROUP?

**YES**

**NO**

**UNDECIDED**

### WAIVER

*I understand that my participation in the Build Up Crews program (the Program) is completely voluntary, and such participation is not administered or overseen by the AWC nor does the AWC endorse or warrant any results or benefits of the Program. Any opinion or advice provided during the Program is solely the opinion or advice of that participant, and not the AWC. All participants are strongly encouraged to seek independent and professional counsel (e.g., legal, financial) as needed. I agree on behalf of myself and the company on whose behalf I am participating, to release and hold the AWC harmless from any claim or liability arising out of my participation in the Program.*

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**SIGNATURE**

PLEASE RETURN COMPLETED FORM TO BARB LAU AT [AWCMN@AWCMN.ORG](mailto:AWCMN@AWCMN.ORG).