

AWS WELDING DISTRIBUTOR COMPANY MEMBER APPLICATION

COMPANY INFORMATION:

Company Name: _____

Business Address:(No P.O. Box, please) _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Business Phone:() _____ Fax Number: () _____ Email Address: _____

URL: (i.e. http://www.companyname.com) _____

Indicate how you would like your company's name to appear on your AWS Welding Distributor Company wall plaque (please include all capitalizations, abbreviations and punctuation): _____

Number of people employed at this address: Less than 10 10-49 50-99 100-249 250-499 500-999 1000-2499 Over 2500

Type of Business:

Manufacturer of Welding Equip. & Supplies End User of Welding Equip. & Supplies Distributor of Welding Equip. & Supplies

Educational Institution Other _____

NAME OF OFFICIAL COMPANY REPRESENTATIVE: _____

SPONSOR NAME: _____ **MEMBERSHIP NUMBER** (if known): _____

MEMBERSHIP DUES

Dues are \$535, plus a one-time initiation fee of \$12 per Individual Member. For convenience, you may pay for multiple years of membership using the dues schedule below.

PAYMENT INFORMATION (Required)

DUES SCHEDULE	
Please circle dues option	
	Fee
One-Year Membership	\$540
Two-Years Membership	\$1,080
Three-Years Membership	\$1,620
One-time Initiation Fee* (*new members only)	\$12 per individual enrolled
<p>BOOK/CD-ROM SELECTION: NOTE: Only New Welding Distributor Members are eligible for these selections. *ONLY TWO SELECTIONS PLEASE.</p> <p><input type="checkbox"/> Jefferson's Welding Encyclopedia (CD-ROM only) <input type="checkbox"/> Design and Planning Manual for Cost-Effective Welding</p> <p><input type="checkbox"/> Welding Handbook (9th Ed., Vol. 1) <input type="checkbox"/> Welding Handbook (9th Ed., Vol. 2)</p> <p><input type="checkbox"/> Welding Handbook (9th Ed., Vol. 3) <input type="checkbox"/> Welding Handbook (9th Ed., Vol. 4)</p>	
TOTAL PAYMENT \$ _____	

**For your convenience, AWS will prorate your company's dues if you have employees who are current AWS Individual Members. Call the AWS Membership Department for special pricing.*

PAYMENT OPTIONS

My check/money order, made out to the American Welding Society, is enclosed. (Note: All fees must be paid in U.S. dollars.)

CC#: _____ / _____ / _____ / _____ Expiration Date (mm/yy) _____ / _____

Signature of Applicant: _____ Application Date: _____

Return completed form and fee to: American Welding Society, 8669 NW 36 St, # 130, Miami, FL 33166-6672

Telephone: (800) 443-9353, Jaclyn Palma ext. 259 or Nicole Volmer ext. 264 or (305) 443-9353, ext. 259 or 264

Fax: (305) 443-5647 / Email: corporate@aws.org / Visit our website: www.aws.org/membership

Source Code: INT

AWS Individual Member Application

AWS Welding Distributor Company Members are entitled to have 5 Individual Memberships for their employees or customers. Additional individuals may be added to your company's membership roster for an additional charge of \$87 per member. Please feel free to make copies of the Individual Membership Application as necessary.

(1) OFFICIAL COMPANY REPRESENTATIVE

Note: The designated company representative will be the person contacted in regard to matters related to your company's membership, including roster changes and the annual dues notice.

Were you ever an AWS Member? Yes No AWS Membership Number (if applicable): _____

Mr. Mrs. Ms. Dr. Job Title: _____ Date of Birth: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Cell Phone: () _____ Secondary Phone:() _____

Fax Number:() _____ Email Address: _____

Type of Business (Check ONE only)

- A Contract construction
- B Chemicals & allied products
- C Petroleum & coal industries
- D Primary metal industries
- E Fabricated metal products
- F Machinery except elect. (incl. gas welding)
- G Electrical equip., supplies, electrodes
- H Transportation equip. — air, aerospace
- I Transportation equip. — automotive
- J Transportation equip. — boats, ships
- K Transportation equip. — railroad
- L Utilities
- M Welding distributors & retail trade
- N Misc. repair services (incl. welding shops)
- O Educational Services (univ., libraries, schools)
- P Engineering & architectural services (incl. assns.)
- Q Misc. business services (incl. commercial labs)
- R Government (federal, state, local)
- S Other

Job Classification (Check ONE only)

- 01 President, owner, partner, officer
- 02 Manager, director, superintendent (or assistant)
- 03 Sales
- 04 Purchasing
- 05 Engineer — welding
- 20 Engineer — design
- 21 Engineer — manufacturing
- 06 Engineer — other
- 10 Architect designer
- 12 Metallurgist
- 13 Research & development
- 22 Quality control
- 07 Inspector, tester
- 08 Supervisor, foreman
- 14 Technician
- 09 Welder, welding or cutting operator
- 11 Consultant
- 15 Educator
- 17 Librarian
- 16 Student
- 18 Customer Service
- 19 Other

Technical Interests (Check all that apply)

- A Ferrous metals
- B Aluminum
- C Nonferrous metals except aluminum
- D Advanced materials/Intermetallics
- E Ceramics
- F High energy beam processes
- G Arc welding
- H Brazing and soldering
- I Resistance welding
- J Thermal spray
- K Cutting
- L NDT
- M Safety and health
- N Bending and shearing
- O Roll forming
- P Stamping and punching
- Q Aerospace
- R Automotive
- S Machinery
- T Marine
- U Piping and tubing
- V Pressure vessels and tanks
- W Sheet metal
- X Structures
- Y Other
- Z Automation
- 1 Robotics
- 2 Computerization of Welding

(2) Individual Member

Were you ever an AWS Member? Yes No AWS Membership Number (if applicable): _____
 Mr. Mrs. Ms. Dr. Job Title: _____ Date of Birth: _____
Last Name: _____ First Name: _____ Middle Initial: _____
Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____
Cell Phone: () _____ Secondary Phone:() _____
Fax Number:() _____ Email Address: _____
(Enter appropriate letters or numbers from listings provided on first page of the AWS Individual Member Application. Note: This must be filled out.)
Type of Business: _____ Job Classification: _____ Technical Interests: _____

(3) Individual Member

Were you ever an AWS Member? Yes No AWS Membership Number (if applicable): _____
 Mr. Mrs. Ms. Dr. Job Title: _____ Date of Birth: _____
Last Name: _____ First Name: _____ Middle Initial: _____
Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____
Cell Phone: () _____ Secondary Phone:() _____
Fax Number:() _____ Email Address: _____
(Enter appropriate letters or numbers from listings provided on first page of the AWS Individual Member Application. Note: This must be filled out.)
Type of Business: _____ Job Classification: _____ Technical Interests: _____

(4) Individual Member

Were you ever an AWS Member? Yes No AWS Membership Number (if applicable): _____
 Mr. Mrs. Ms. Dr. Job Title: _____ Date of Birth: _____
Last Name: _____ First Name: _____ Middle Initial: _____
Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____
Cell Phone: () _____ Secondary Phone:() _____
Fax Number:() _____ Email Address: _____
(Enter appropriate letters or numbers from listings provided on first page of the AWS Individual Member Application. Note: This must be filled out.)
Type of Business: _____ Job Classification: _____ Technical Interests: _____

(5) Individual Member

Were you ever an AWS Member? Yes No AWS Membership Number (if applicable): _____

Mr. Mrs. Ms. Dr. Job Title: _____ Date of Birth: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Cell Phone: () _____ Secondary Phone: () _____

Fax Number: () _____ Email Address: _____

(Enter appropriate letters or numbers from listings provided on first page of the AWS Individual Member Application. Note: This must be filled out.)

Type of Business: _____ Job Classification: _____ Technical Interests: _____



American Welding Society®
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www.aws.org

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