



AMERICAN COUNCIL OF THE IIW MEMBERSHIP APPLICATION

Please fill out this application and email it to technical@aws.org, mail it to the American Welding Society, Technical Department, 550 N.W. LeJeune Road, Miami, Florida 33126, or fax it to (305) 443-5951.

PLEASE TYPE OR PRINT. If necessary, attach additional sheets to complete answers.

Mr. Ms. Mrs. Dr. Job Title _____

Last Name _____ First Name _____ M.I. _____

Address <input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Other Company (if applicable) _____ Address: _____ _____ _____ City _____ State/Province _____ Zip/Postal Code _____ Country _____

Primary Phone (____) _____ Alternate Phone (____) _____

Facsimile (____) _____ E-Mail _____

A résumé may be attached in lieu of completing the remaining items. *Check here if a résumé is attached.*

♦Your principal job responsibilities: _____

♦Relevant college or technical training (schools attended & number of years): _____

♦Highest academic degree: _____

♦Your relevant work experience, qualifications and anticipated contribution to the committee(s)/subcommittee(s) in which interested: _____

♦Technical papers/reports published, patents held: _____

Applicant's Signature _____ Date: _____

FOR OFFICE USE ONLY

Date Received: _____ Forwarded by: _____

Copy(s) forwarded to: _____

Corporate Activity information sent by: _____ Date: _____