

# AWS EDUCATIONAL INSTITUTION MEMBER APPLICATION

**INSTITUTION INFORMATION:**

Institution Name: \_\_\_\_\_

School Street Address:(No P.O. Box, please) \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

School Phone:( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Indicate how you would like your Educational Institution's name to appear on your AWS Educational Institution 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

Internships Offered?:  Yes  No      Number of Booths: \_\_\_\_\_      Number of Shifts: \_\_\_\_\_

Percentage of Class Full: \_\_\_\_\_      Is the program tailored to a specific career?  Yes  No

Is welding the main program or part of another program? \_\_\_\_\_

Degree Types: \_\_\_\_\_

**NAME OF OFFICIAL INSTITUTION REPRESENTATIVE:** \_\_\_\_\_

**SPONSOR NAME:** \_\_\_\_\_ **MEMBERSHIP NUMBER (if known):** \_\_\_\_\_

**MEMBERSHIP DUES**

Dues are \$240, plus a one-time initiation fee of \$12 per Individual Member. For your 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	\$ 240
Two Years Membership	\$ 480
Three Years Membership	\$ 720
<b>plus</b>	
One-time Initiation Fee* (*new members only)	\$12 per individual enrolled
<b>(Optional)</b> Hyperlink on the AWS website. (Get priceless exposure... put a link from AWS' 50,000 visitors-a-month website to your site!) List website URL below: (i.e. http://www.schoolname.com) if paying for the \$100 fee: <b>Website URL:</b> _____	\$ 100 <b>(optional)</b>
<b>TOTAL PAYMENT \$</b> _____	

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

PAYMENT OPTIONS	
<input type="checkbox"/> My check/money order, made out to the American Welding Society, is enclosed. (Note: All fees must be paid in U.S. dollars.)	
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Diner's Club <input type="checkbox"/> Carte Blanche <input type="checkbox"/> Other _____	
Card Account Number: _____	Expiration Date (MM/YY): _____
Authorized Signature: _____	Date: _____

Source Code: **INT** \_\_\_\_\_

**Return completed form and fee to:**

American Welding Society, 550 N.W. LeJeune Rd., Miami, FL 33126  
(800) 443-9353, ext. 259 • (305) 443-9353, ext. 259 • Fax: (305) 443-5647

# AWS Individual Member Application

*AWS Educational Institution Members are entitled to have 3 Individual Memberships for their employees or students. Additional individuals may be added to your institution's membership roster for an additional charge of \$80 per member. Please feel free to make copies of the Individual Membership Application as necessary.*

## (1) OFFICIAL SCHOOL REPRESENTATIVE

Note: *The designated school representative will be the person contacted in regard to matters related to your school'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: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Primary 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 electrical (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

### Your 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: \_\_\_\_\_

Primary 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: \_\_\_\_\_

Primary 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: \_\_\_\_\_