

AWS SUSTAINING 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 Sustaining Company wall plaque (please include all capitalizations, abbreviations and punctuation): _____

Company's Products and/or Services:

Please write and attach a description, in 50 words or less, for publication in the *Welding Journal* magazine (no charge).

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 _____

PRIMARY BENEFIT CHOICE

Choose one of the following as your primary Sustaining Company Member benefit.

Refer to the "Company Benefits" page in this package for a benefit description:

10 additional individual memberships for your employees or customers.

Note: Your AWS Sustaining Company Membership automatically comes with 10 individual memberships. This option is beneficial to companies with a large number of employees and gives your company a total of 20 individual memberships.

Complete AWS Technical Library

Discount Promotional Package

NAME OF OFFICIAL COMPANY REPRESENTATIVE: _____

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

MEMBERSHIP DUES

Dues are \$800, plus a one-time \$750 initiation fee for domestic companies (including Canada and Mexico). Dues for international companies are \$900, plus a one-time \$750 initiation fee. For convenience, you may pay for multiple years of membership using the dues schedule below.

PAYMENT INFORMATION (Required)

DUES SCHEDULE

Please circle dues option

	Domestic	International
One Year	\$ 800	\$ 900
Or		
Two Years	\$1,600	\$1,800
Or		
Three Years	\$2,400	\$2,700
plus		
Initiation Fee*	\$ 750	\$ 750

*new members only

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.

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

VISA MasterCard American Express Discover Diner's Club Carte Blanche Other _____

Card Account Number: _____ Expiration Date (MM/YY): _____

Authorized Signature: _____ Date: _____

Return completed form and fee to:

American Welding Society

P.O. Box 440367, Miami, Florida 33144-0367

(800) 443-9353, ext. 259, or Ext. 260 • (305) 443-9353, ext. 259, or ext. 260 • Fax: (305) 443-5647

Visit our website at www.aws.org/membership

Source Code: INT

AWS Individual Member Application

AWS Sustaining Company Members are entitled to have 10 Individual Memberships for their employees or customers. If you've chosen the "10 Additional Individual Memberships" option as your primary benefit, you may have up to 20 individuals. Additional individuals may be added to your company'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 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: _____

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): _____ Date of Birth: _____

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: _____

(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): _____ Date of Birth: _____

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: _____

(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): _____ Date of Birth: _____

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: _____

(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): _____ Date of Birth: _____

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: _____

(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: _____

(6) Individual Member

Were you ever an AWS Member? Yes No

AWS Membership Number (if applicable): _____ Date of Birth: _____

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: _____

(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: _____

(7) Individual Member

Were you ever an AWS Member? Yes No

AWS Membership Number (if applicable): _____ Date of Birth: _____

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: _____

(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: _____

(8) Individual Member

Were you ever an AWS Member? Yes No

AWS Membership Number (if applicable): _____ Date of Birth: _____

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: _____

(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: _____

(9) Individual Member

Were you ever an AWS Member? Yes No

AWS Membership Number (if applicable): _____ Date of Birth: _____

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: _____

(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: _____

(10) Individual Member

Were you ever an AWS Member? Yes No

AWS Membership Number (if applicable): _____ Date of Birth: _____

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: _____

(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

P.O. Box 440367, Miami, Florida 33144-0367
(800) 443-9353, ext. 259 • (305) 443-9353, ext. 259 • Fax: (305) 443-5647
Visit our website at www.aws.org