WEMCO
An Association of Welding Manufacturers

MEMBERSHIP APPLICATION

COMPANY INFORMATION:

Company Name: _____
(Please print company name as you would like it to appear if presented)

Company Street Address: _____

City: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone: _____ Fax Number: _____

Web Site URL: _____

E-Mail Address: _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE):

Address: _____

City: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

COMPANY REPRESENTATIVE – The company representative designated here will be the person contacted regarding matters related to company membership, including roster changes and the annual dues notice.

☐Mr. ☐Mrs. ☐Ms. ☐Dr. _____
Last Name, First Name, Middle Initial

Job Title: _____

Direct Telephone Line: _____ Direct Fax umber: _____

E-Mail Address: _____

COMPANY DESCRIPTION – DESCRIBE YOUR BUSINESS IN AT LEAST 50 WORDS OR LESS:

Please note that WEMCO Membership requires companies to be an AWS Sustaining Member. If your company is currently a member, please provide the membership number: _____. As an AWS Member, the price for a WEMCO Membership is $500.00 annually.

If your company is NOT currently an AWS Sustaining Member, the price for a new WEMCO Membership will include the following:

- AWS SUSTAINING MEMBERSHIP FEE - $800.00 ANNUALLY
- AWS INITIATION FEE - $750.00 (ONE TIME ONLY)
- WEMCO MEMBERSHIP FEE - $600.00 ANNUALLY

PAYMENT METHOD:
Please indicate card type below:

☐ Visa ☐ MC ☐ Amex ☐ Discover ☐ Diner's Club ☐ Check Enclosed. Check No. _____

CREDIT CARD NUMBER

MO DAY YEAR _____ SIGNATURE

Return this application with your remittance to: AWS, 550 NW LeJeune Road, Miami, FL 33126. Or fax to: Natalie Tapley – WEMCO at 305-442-7451.

**PLEASE BE ADVISED THAT THE WEMCO MEMBERSHIP COMMITTEE WILL REVIEW THIS APPLICATION AND ALL SUPPORTING DOCUMENTATION. UPON THEIR REVIEW, YOU WILL BE CONTACTED.