

The AWS  
Supporting  
Company Member  
seal symbolizes  
your company's  
leadership in  
the industry.

# Supporting Company Member Application



**American Welding Society**

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# AWS SUPPORTING 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: \_\_\_\_\_

Indicate how you would like your company's name to appear on your AWS Supporting 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 \$400, 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

One Year	\$ 400
Or	
Two Years	\$ 800
Or	
Three Years	\$ 1,200
plus	
One-time Initiation Fee*	\$ 12 per individual enrolled
*new members only	

(Optional) Hyperlink on the AWS website..... One-time fee \$ 100 (Optional)  
(Get priceless exposure... put a link from AWS' 50,000 visitors-a-month website to your site!)

List website URL: (i.e. <http://www.companyname.com>) if paying for one-time fee above: \_\_\_\_\_

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 • (305) 443-9353, ext. 259 • Fax: (305) 443-5647

Visit our website at [www.aws.org/membership](http://www.aws.org/membership)

Source Code: INT

# AWS Individual Member Application(s)

*AWS Supporting Company Members are entitled to have five Individual Memberships for their employees. 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): \_\_\_\_\_ 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: \_\_\_\_\_

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



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