

# 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

Choose from the following options for AWS Technical Library delivery: **NEW OPTION:**  Electronic Format   or    Hard Copy

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 • (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

*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: \_\_\_\_\_

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

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### (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](http://www.aws.org)