



MEMBERSHIP APPLICATION

Joining to Promote Resistance Welding Excellence



COMPANY NAME: _____
(Please complete exactly as you would like to see it presented.)

STREET ADDRESS: _____

CITY: _____ **STATE/PROVINCE:** _____

COUNTRY: _____ **ZIP/POSTAL CODE:** _____

TELEPHONE: _____ **FAX NUMBER:** _____

WEBSITE URL: _____

EMAIL: _____

MAILING ADDRESS (IF DIFFERENT THAN ABOVE):

ADDRESS: _____

CITY: _____ **STATE/PROVINCE:** _____

COUNTRY: _____ **ZIP/POSTAL CODE:** _____

COMPANY REPRESENTATIVE

Note: 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:** _____

AWS MEMBERSHIP NUMBER (IF APPLICABLE): _____ **EVER AN AWS MEMBER?** YES NO

JOB TITLE: _____

ADDRESS: _____

CITY: _____ **STATE/PROVINCE:** _____

COUNTRY: _____ **ZIP/POSTAL CODE:** _____

TELEPHONE: _____ **FAX NUMBER:** _____

EMAIL: _____

AREAS OF INTEREST (please check areas of interest)

- Education
 - Scholarship program
 - Resistance Welding School
- Marketing
- Membership
- Technical
- Other: _____

Brief description of your business (50 words or less):

Additional (Any that apply)	Principle (Select One)	RWMA MEMBERSHIP CLASSIFICATION	
		Please select the principal membership classification that is most appropriate for your business. For an additional charge, you may also select additional membership classifications for corporate divisions or branches. If additional classifications are selected, please provide the organization name in the corresponding space in the table, or on a separate enclosure. The RWMA Committee must verify and approve the selected classification(s) at time of enrollment.	
		REGULAR MEMBER - Engaged in the design, manufacture and selling of end products intended for use in resistance welding for at least 2 years. Please provide year you started in Resistance Welding industry: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Resistance Welding Machinery	
<input type="checkbox"/>	<input type="checkbox"/>	Resistance Welding Electrodes	
<input type="checkbox"/>	<input type="checkbox"/>	Resistance Welding Components, Controls, or Transformers	
		ASSOCIATE MEMBER	
<input type="checkbox"/>	<input type="checkbox"/>	Sales and marketing organizations engaged in the distribution of resistance welding machinery and accessories.	
<input type="checkbox"/>	<input type="checkbox"/>	Suppliers of products and services to Regular Members.	
<input type="checkbox"/>	<input type="checkbox"/>	Users of equipment manufactured by Regular Members.	
<input type="checkbox"/>	<input type="checkbox"/>	Manufactures of equipment intended for internal use and consumption and not freely sold in the marketplace.	
<input type="checkbox"/>	<input type="checkbox"/>	Rebuilders of equipment intended for sale in the marketplace.	
		ANNUAL DUES	
	1	RWMA Dues: @ \$425 (requires AWS Sustaining or Supporting Membership) <i>Please indicate which type of AWS membership your company has:</i> Sustaining <input type="checkbox"/> or Supporting <input type="checkbox"/> AWS Corporate Membership Number _____	\$ 425
		Additional RWMA Membership classifications @ \$425 each =	\$
		New AWS Sustaining Company Membership † 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. <i>(Please complete application if applicable.)</i>	\$
		or	
		New AWS Supporting Company Membership † Dues are \$400, plus an initiation fee of \$12 per Individual Member. <i>(Please complete application if applicable.)</i>	\$
Total Payment			\$

Notes †

1. Please consult website www.aws.org for a description of these company membership options.
2. Attach application for either a Sustaining or Supporting Company Membership if applicable.
3. For your convenience, AWS will prorate your company's dues if you have employees who are current AWS Individual Members. Please call the AWS Membership Department for special pricing.

PAYMENT

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

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

Cardholder Name: _____ Card billing ZIP/Postal Code: _____

Authorized Signature: _____ Date: _____

Return this application with your remittance to: American Welding Society - RWMA
550 N. W. LeJeune Road
Miami, FL 33126

or fax to: Susan Hopkins at (305) 442-7451
or e-mail to: susan@aws.org