

**The AWS
Welding
Distributor
Member seal
symbolizes
your company's
leadership in
the industry.**

Welding Distributor Member Application



American Welding Society

Welding Distributor Member

AWS WELDING DISTRIBUTOR MEMBER APPLICATION

NAME OF 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.*

COMPANY INFORMATION:

(Important: Please print clearly)

Company Name (include region, if applicable): _____

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) **Note: the website address you provide will be used in the on-line Distributor Locator Map:** _____

Indicate how you would like your company's name to appear on your AWS Welding Distributor wall plaque (please include all capitalizations, abbreviations and punctuation): _____

Products Distributed: _____

Number of people employed at this address:

- Less than 10 10-49 50-99 100-249 250-499 500-999 1000-2499 Over 2500

Annual Sales at your location: _____

GIFT SUBSCRIPTION OPTION

Welding Distributor Members are entitled to a 75% discount on *Welding Journal* gift subscriptions, mailed directly to end-users you designate. A free "Compliments of <your company name>" announcement will appear on the shipping bag. \$25 per *Welding Journal* subscription (100 minimum applies).

- Yes, I'm interested and I've included the \$2,500 with my dues payment. Please contact me for my list of end-users.
 No, I'm not interested.

AWS Welding Show (free admittance)

Please send _____ VIP tickets to the AWS Welding Show to distribute to my customers.
 (quantity)

(Note: VIP tickets will be distributed in advance of the Show.)

SPONSOR NAME (if applicable): _____

MEMBERSHIP DUES

Dues are \$500 for domestic and international companies. For 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	\$ 500
Or	
Two Years	\$ 950



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. 253 • (305) 443-9353, ext. 253 • Fax: (305) 443-5647

Visit our website at www.aws.org/membership

Source Code: INT

AWS Individual Member Applications

AWS Welding Distributor Members are entitled to have 5 Individual Memberships for their employees or customers. Additional individuals may be added to your company's membership roster for an additional charge of \$75 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 Date of Birth: _____

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: _____

Type of Business: _____ Job Classification: _____ Technical Interests: _____

(Enter appropriate letters or numbers from listings provided on first page of the AWS Individual Member Application. Note: This must be filled out.)

(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: _____

Type of Business: _____ Job Classification: _____ Technical Interests: _____

(Enter appropriate letters or numbers from listings provided on first page of the AWS Individual Member Application. Note: This must be filled out.)

(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: _____

Type of Business: _____ Job Classification: _____ Technical Interests: _____

(Enter appropriate letters or numbers from listings provided on first page of the AWS Individual Member Application. Note: This must be filled out.)

(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: _____

Type of Business: _____ Job Classification: _____ Technical Interests: _____

(Enter appropriate letters or numbers from listings provided on first page of the AWS Individual Member Application. Note: This must be filled out.)