



MEMBERSHIP APPLICATION

COMPANY NAME: _____
(Please print company name as you would like for it to be presented)

ADDRESS: _____

CITY: _____ STATE / PROVINCE: _____

COUNTRY: _____ ZIP / POSTAL CODE: _____

PHONE: _____ FAX: _____

WEBSITE: _____

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.

LAST NAME: _____ FIRST NAME: _____

AWS MEMBER #: _____ JOB TITLE: _____

ADDRESS: _____

CITY: _____ STATE / PROVINCE: _____

COUNTRY: _____ ZIP / POSTAL CODE: _____

PHONE: _____ FAX: _____

EMAIL: _____

RWMA COMMITTEES Please check which committee(s) you would like to become involved with:

- EDUCATION SCHOLARSHIP PROGRAM RESISTANCE WELDING SCHOOL
 MARKETING MEMBERSHIP

