



RESISTANCE WELDING MANUFACTURING ALLIANCE

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

WEBSITE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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### MAILING ADDRESS (IF DIFFERENT THAN ABOVE)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE / PROVINCE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ ZIP / POSTAL CODE: \_\_\_\_\_

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

EMAIL: \_\_\_\_\_

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If your company is not already an AWS Corporate Member, please choose from the following three options:

- Please consult [www.aws.org](http://www.aws.org) for a description of the benefits associated with these corporate membership options.
- For your convenience, AWS will prorate your company's dues if you have employees who are active AWS Individual Members.

## Check No.

\_\_\_\_\_  
SIGNATURE

By email : [abustillo@aws.org](mailto:abustillo@aws.org)