



Association of Women in the Metal Industries

Application for Membership

(Please type or print clearly) Female Male

Application Date: _____

Name: _____

Title: _____

Date of Birth: _____
month/day/year

Year Joined Industry: _____

Company Name / School _____

Home Street Address (Apartment #) / P.O. Box _____

Street Address - Suite Number / P.O. Box _____

City - State/Province - Zip _____

City - State/Province - Zip _____

Phone _____ / Fax _____

Phone and extension _____ / Fax _____

E-mail _____

E-mail _____ / Website Address _____

Please check where you would like communications sent:

- Office Home

I am interested in contributing my talents in the following

- area(s) [check all that apply]: Marketing Membership
 Programs Mentoring
 Newsletter Fundraising
 Website Publicity

AWMI ANNUAL MEMBERSHIP DUES (JAN/DEC):

- Individual or Sustaining \$175.00 USD
 Renew for 2 years and save \$50 \$300.00 USD
 Retiree or Sustaining Retiree \$87.50 USD
 Corporate Individual Member \$ _____ USD
 Student Member \$43.75 USD

Check only one

MEMBERSHIP LOCATION

Chapter Name: _____

- International Member (no chapter affiliation)

EMPLOYMENT

Job Function:

(Choose only one)

- Sales/Marketing Quality Assurance/Technical Retired
 Customer Service/Inside Sales IT Full-Time Student
 Management Operations Other: _____
 Human Resources/Training Executive Leadership/Ownership
 Purchasing/Materials Management Financial

Company Type:

(Choose the one that best describes your company)

- Mill Recycling/Scrap Publication/Media
 OEM Professional Services Other: _____
 Service Center/Distribution Transportation
 Processor/Fabrication Trading Company

Metals Type:

(Mark all that apply)

- Alloy Steel Bronze Electric Steel Stainless Steel
 Aluminum Carbon Steel Precious Metals Tool Steel
 Brass Copper Other: _____

How did you learn about AWMI? / Referred by: _____

Return this completed form along with your dues payment to:

AWMI International Headquarters

19 Mantua Road • Mt. Royal, NJ 08061

Email: awmi@talley.com • Fax: 856-423-3420

Total Paid _____

Credit Card # _____

Expiration Date _____ CVV Code _____

Type of Credit Card Visa MC Amex

Cardholder Name (print) _____

Signature _____

Revision Date 12/2013

Internal Use Only

Application received: _____

Check number and Date: _____

Credit Card info to HQ (Date): _____

Amount: _____

Company Check Personal Check

Approved by/Date: _____

Regular or Sustaining Member

International Member

Retiree or Sustaining Retiree

Corporate Member Student Member

Check One: _____ Company Name

Bronze Silver Gold Platinum

AWMI MEMBERSHIP IS INDIVIDUAL AND NON-TRANSFERABLE.