

ASSOCIATION OF WOMEN IN THE METAL INDUSTRIES

CORPORATE MEMBERSHIP ADDITIONAL EMPLOYEE LIST

PLEASE LIST ALL ADDITIONAL EMPLOYEES THAT WILL RECEIVE MEMBERSHIP THROUGH THE CORPORATE MEMBERSHIP PROGRAM AT THE REDUCED DUES RATE:

NAME: _____

COMPANY TITLE: _____

COMPANY: _____

ADDRESS: _____

PHONE: _____

FAX: _____

EMAIL: _____

CHAPTER: _____

NAME: _____

COMPANY TITLE: _____

COMPANY: _____

ADDRESS: _____

PHONE: _____

FAX: _____

EMAIL: _____

CHAPTER: _____

NAME: _____

COMPANY TITLE: _____

COMPANY: _____

ADDRESS: _____

PHONE: _____

FAX: _____

EMAIL: _____

CHAPTER: _____

NAME: _____

COMPANY TITLE: _____

COMPANY: _____

ADDRESS: _____

PHONE: _____

FAX: _____

EMAIL: _____

CHAPTER: _____

NAME: _____

COMPANY TITLE: _____

COMPANY: _____

ADDRESS: _____

PHONE: _____

FAX: _____

EMAIL: _____

CHAPTER: _____

NAME: _____

COMPANY TITLE: _____

COMPANY: _____

ADDRESS: _____

PHONE: _____

FAX: _____

EMAIL: _____

CHAPTER: _____