



## MEMBERSHIP APPLICATION

\*\*National Membership is required and has a separate Membership Fee\*\*

|  |  |
|--|--|
| <input type="checkbox"/> Manufacturing Member**<br>Dues \$300 per year | <input type="checkbox"/> Associate Member<br>Dues \$150 per year |
|--|--|

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Primary E-Mail: \_\_\_\_\_

Please list anyone else  
(Name/E-mail) in your company  
you would like to receive  
Chapter correspondence.

Will receive all Chapter correspondence, including billing .

|                                     |                                      |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Invitations |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Invitations |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Invitations |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Invitations |

Type of Business: \_\_\_\_\_

Sales Area:

Local: \_\_\_\_\_

Regional: \_\_\_\_\_

National: \_\_\_\_\_

Referred By\*\*\*: \_\_\_\_\_

Company: \_\_\_\_\_ \*\*\*If applicable

Please Send Completed Application to:

Carolinas Chapter AWI  
 Attn: Jeff Cox, Treasurer  
 P.O. Box 1510  
 High Point, NC 27261

\*\*Payment may be made either by sending a check with your completed application, or by visiting  
<http://awicarolinas.org/membership/joinccawi.html> and clicking on the appropriate PayPal button to pay with a credit card.

**CCAWI Office Use Only:**

|                             |                           |
|-----------------------------|---------------------------|
| Application Received: _____ | Approved: _____           |
| Membership Fee: _____       | Fee Received: _____       |
| Added to database: _____    | Added to Directory: _____ |