



APPLICATION FOR MEMBERSHIP

Date: _____

Company _____

MAILING ADDRESS:

City: _____ State: _____ Zip: _____

SHIPPING ADDRESS:

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone: _____

Fax: _____

e-mail: _____

Web Site: _____

Type of Business: _____

Referred by: _____

ASSOCIATE MEMBERSHIP \$150.00 / YEAR*

REGULAR MEMBERSHIP \$300.00 / YEAR*

Make Check Payable to:
AWI CAROLINA CHAPTER
P.O. BOX 11739
CHARLOTTE, NC 28220

Fax Application at: (704) 376-8333

**Dues are annual and will not be prorated*

Questions:: Contact the '07/'08 chapter presidnt, Jeff Cox at 336-887-0700 x 25
email: jscrowland@aol.com