

SIGNED BY:



2017/2018 SWM MEMBERSHIP APPLICATION *** THIS MEMBERSHIP IS FROM JULY 1 - DECEMBER 31, 2018 ***

RPPLICANT INFORMATION: Please fill in the following.	
Name:	
company: ^ddross:	(Office) (Home)
-uuress Citv:	(Office) (Hoffie)
Phone:	
	DUES INFORMATION:
EMPLOYEES OF AWFS® 1	
	of SWM, AWFS [®] supports the Chapter. Please note that every AWFS [®] member company may
	complimentary SWM membership(s).
☐ FREE	To the designated "complimentary" SWM member(s) of AWFS member(s) companies
<u>\$ 25.00</u>	EE For each additional employee of AWFS member companies
EMPLOYEES OF NON-A)	AFS® MEMBER COMPANIES:
My company represent	s the following sector of the industry: Parts Supplier Finished Goods Other
\$ 25.00 FRI	L Affiliate Membership: For those who are members of CMA
FRI	·
\$ 50.00 FRE	For individuals working for non-affiliated companies in the woodworking and furnishings industries
EDUCATIONAL PROGRAM	

DATE: