



APPLICATION FOR SUPPLIER MEMBERSHIP

A GAWDA Supplier Member is any individual, partnership or corporation engaged in (1) manufacturing or wholesale distribution of gases, equipment or supplies for use in welding, industrial applications, health care or research, or (2) providing products or services to Active members. For purposes of this provision, "wholesale distribution" means sales of products intended for resale.

Supplier Membership gives you access to GAWDA Consultants, Annual Conventions, Spring Management Conferences, Regional Meetings, GAWDA Publications as well as many other valuable benefits. (Visit GAWDA benefits section of our web page (www.gawda.org) for more details.)

Please fill out your information below along with payment information to complete your application for membership.

Company & Main Contact Information.....

Company _____ Main Contact _____

Contact's Title _____ Contact's Email _____

Street Address _____

City, St, Zip _____

Website _____ Phone _____ Fax _____

Sponsor _____

Additional Contacts.....

Please list anyone else whom you would like to add at this time.

Name _____ Title _____

Email _____

Name _____ Title _____

Email _____

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Company Description.....

Please tell us what manufacturers your company represents.

If you wish to add a more detailed description of what your company does, please do so here.

Dues: Annual Dues are based on your Gross Annual Sales. Please select your category. All information is confidential.

Supplier 2015-2016 Dues Schedule

Gross Sales in the Welding / Gas Industry within the US	Dues Amount
Under \$5M	2,500
\$5M to \$10M.....	2,700
\$10M to \$17.5M	2,900
\$17.5M to \$25M	3,200
\$25M to \$35M.....	3,500
\$35M to \$50M.....	4,000
\$50M to \$75M.....	4,500
\$75M to \$100M	5,000
\$100M to \$175M	7,000
\$175M to \$250M	8,500
\$250M to \$375M	10,000
\$375M to \$500M	11,500
\$500M to \$750M	13,000
\$750M to \$1B.....	16,000
\$1B and Over.....	20,000

Your Dues category: _____ Your Dues: _\$ _____

(Membership is for one year from when we receive your application).

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Credit Card Number _____

Expiration Date: _____ Code _____

Name on Credit Card _____

If you are paying by check please make check payable to GAWDA.

Please fax your application to us at 954-367-7790. If you have any questions please call 954-367-7728 or email us at gawda@gawda.org.

Or, if you wish to mail, please send these completed forms to:

GAWDA
One Oakwood Blvd.
Ste. 195
Hollywood, FL 33020