



APPLICATION FOR DISTRIBUTOR MEMBERSHIP

A GAWDA Distributor Member is any individual, partnership, or corporation engaged in retail distribution of gases, equipment or supplies for use in welding, industrial applications, health care or research. For purposes of this provision, “retail distribution” means sales to end users.

Distributor Membership gives you access to GAWDA Consultants, Annual Conventions, Spring Management Conferences, Regional Meetings, and GAWDA Publications, including Welding & Gases Today and the GAWDA Connection e-newsletter, as well as many other valuable benefits. (*Visit the GAWDA benefits section at 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, State, Zip _____

Website _____ Phone _____ Fax _____

Sponsor (*if applicable*) _____

Additional Contacts - Please list anyone else at your company whom you would like to add at this time.

Name _____ Title _____

Email _____ Phone _____

Name _____ Title _____

Email _____ Phone _____

Name _____ Title _____

Email _____ Phone _____



APPLICATION FOR DISTRIBUTOR MEMBERSHIP

Company Description

Please check all of the following Product Codes that pertain to your company.
These will be included in your Distributor Member Company Listing in the Annual Membership Directory.

| <u>Product Codes</u> - Used in Distributor Member Company Listing in Annual Membership Directory | |
|--|---|
| <input type="checkbox"/> EL - Arc Welding Supplies | <input type="checkbox"/> MG - Medical Gases & Supplies |
| <input type="checkbox"/> GA - Welding Gases | <input type="checkbox"/> PG - Petroleum Gases |
| <input type="checkbox"/> GS - Gas Welding Equipment & Supplies | <input type="checkbox"/> PS - Petroleum Gas Equipment |
| <input type="checkbox"/> GT - Operates one or more Gas Truck Routes | <input type="checkbox"/> RW - Resistance Welding Equipment & Supplies |
| <input type="checkbox"/> LX - Liquid Filling Installation | <input type="checkbox"/> GP - Produces Own Welding Gases |

If your company also represents manufacturers, please list them here.

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



Dues: GAWDA Annual Dues are based on your Gross Annual Sales.
Please select the appropriate category for your company. *All information will be kept confidential.*

Distributor Annual Dues Schedule

| Gross Sales in the Welding / Gas Industry within the US..... | Dues Amount |
|---|-------------|
| Under \$2M..... | \$ 1,000 |
| \$2M to \$3M | \$ 1,200 |
| \$3M to \$5M | \$ 1,500 |
| \$5M to \$10M | \$ 1,700 |
| \$10M to \$17.5M | \$ 1,900 |
| \$17.5M to \$25M | \$ 2,200 |
| \$25M to \$35M | \$ 2,500 |
| \$35M to \$50M | \$ 3,000 |
| \$50M to \$75M | \$ 3,500 |
| \$75M to \$100M | \$ 4,000 |
| \$100M to \$175M | \$ 7,500 |
| \$175M to \$250M | \$10,000 |
| \$250M to \$375M | \$12,000 |
| \$375M to \$500M | \$13,750 |
| \$500M to \$750M | \$15,500 |
| \$750M to \$1B..... | \$20,250 |
| \$1B and Over..... | \$25,000 |

Your Dues Category: _____

Your Annual Dues: \$ _____

(GAWDA Membership is for one year.)

Credit Card Number _____

Expiration Date: _____ Code _____

Credit Card Billing Zip Code _____

Name on Credit Card _____

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

Please return your completed application and payment to us via:

- Fax to 954-367-7790
- Email to alevy@gawda.org
- Mail to GAWDA, One Oakwood Blvd., Suite 195, Hollywood, FL 33020

If you have any questions please call 954-367-7728 or email us at gawda@gawda.org