



SPECIAL NEW MEMBER DISCOUNT!!

1 Membership from now until 6-30-2009

Special Membership Price for Your Company

Table with 3 columns: Membership Category, 50% of Annual Dues, Annual Dues Offer. Includes categories like Contractor Headquarters Office, Supplier or Distributor Headquarters Office, etc.

NOTE: For Additional Offices, the Parent or Headquarters must be an AWCI Member. An additional location is a separate office or wholly owned corporation with a separate mailing address to receive membership benefits and mailings.

If your company's headquarter office is located in one of the following areas and you are a union contractor, please contact Marie Batiste, Membership Coordinator, at (703) 538-1602 for special membership application information:

- California (Canada), Detroit, Hawaii, Minnesota, New Jersey, New York City, Ontario, Oregon, Philadelphia, Rye, NY, St. Louis, Washington

If your company's headquarter office is located in Colorado or Florida call the person listed to inquire about additional chapter benefits and processing your membership application.

Table with 4 columns: State, Association Name, Name, Phone Number. Lists Colorado and Florida with their respective associations and contact info.

2 Company Name (spell out) _____
Principal Contact Name _____ Title _____
Web-address _____ E-mail address _____
Mailing Address _____
City/State/Province _____ Country _____ Postal/ZIP Code _____
Phone _____ Fax _____

I understand that I am providing the fax number(s) above, on behalf of the company/organization specified above and that I am authorized to and hereby consent for my company/organization to receive faxes sent to me by the Association of the Wall and Ceiling Industry and the Foundation of the Wall and Ceiling Industry.

Signature _____ Payment Options: ___ Check (enclosed) (U.S. Funds Only)

Credit Card # _____ Expiration Date _____

3 Cardholder Signature _____ Date _____

Publication Benefit: [] YES, start or continue my subscription to AWCI's Construction Dimensions.
[] No, I do not want to start or continue my subscription to AWCI's Construction Dimensions.

Please be sure that at least one item in each of columns 1, 2 and 3 is checked (LAS 08)

- 1. Your Business: Contractor, Manufacturer, Supplier/Distributor, Architect/Specifier, Engineer, Other
2. Type of Business: Ceilings/Acoustics, Drywall, EIFS, Fireproofing, Insulation, Lath/Metal Framing, Plaster, Spray Textures/Paint, Stucco, Other
3. Title/Function: Owner/Partner, President, Vice President, Supervisor, Project Manager, Estimator, Field Personnel, Other

4 Recipient Signature _____ Date _____

\$34 of your membership dues pays for a one-year subscription to AWCI's Construction Dimensions magazine.