



**AWI** ARCHITECTURAL  
WOODWORK  
INSTITUTE

# Empire State Chapter

Chapter Membership Application -- Date completed:

## Contact information:

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Mailing Address (if different): \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Primary Email: \_\_\_\_\_  
 Yes, I would like to be placed on the mailing list to receive updates about the chapter: \_\_\_\_\_

## Other Contacts:

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Name: \_\_\_\_\_ Email: \_\_\_\_\_

## Tell us about your company:

### Manufacturers:

Size of your plant: \_\_\_\_\_ Number of employees: *plant:* \_\_\_\_\_  
*office:* \_\_\_\_\_

Geographic area served: \_\_\_\_\_

Principle type of work:

Commercial \_\_\_\_\_ Residential \_\_\_\_\_ Cabinets & Counters \_\_\_\_\_ Other \_\_\_\_\_  
 Jobber \_\_\_\_\_ Installer \_\_\_\_\_ Architectural woodwork \_\_\_\_\_  
 Lumber \_\_\_\_\_ Molding/trim \_\_\_\_\_ Doors & windows \_\_\_\_\_

### Affiliates:

Designer \_\_\_\_\_ Architecture \_\_\_\_\_ Engineering \_\_\_\_\_ Number of employees \_\_\_\_\_

Principle type of work:

Commercial \_\_\_\_\_ Residential \_\_\_\_\_

### Supplier:

Geographic area served: \_\_\_\_\_

Products: \_\_\_\_\_  
 \_\_\_\_\_

### \*Referred By:

Company: \_\_\_\_\_ *\*if applicable*

### \*DUES FEE SCHEDULE:

Manufacturing member: \$150 per/yr      Supplier member: \$150 per/yr      Affiliate member: \$50 per/yr  
*\*Your dues are to be sent with your application.*

Please make checks payable to: **AWI, Empire State Chapter in care of:**  
**Genbrook Millwork Inc.**  
**P.O. box 560**  
**Greene, NY 13778**

### AWI-ESC OFFICE USE ONLY:

Application Received: \_\_\_\_\_ Approved: \_\_\_\_\_ Membership Fee: \_\_\_\_\_  
 Fee Received: \_\_\_\_\_ Added to Database: \_\_\_\_\_ Added to Directory: \_\_\_\_\_