

**PAWM**  
**PENNSYLVANIA ASSOCIATION OF WEIGHTS AND MEASURES**  
**ASSOCIATE MEMBER APPLICATION**

**ASSOCIATE MEMBER APPLICATION:**

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

Daytime Telephone #: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Business/Employer Name: \_\_\_\_\_

Business Telephone #: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Job Title: \_\_\_\_\_

Please list all Weights and Measures field related certifications and/or training and the date they were received:

<b>Certification/Training Received:</b>	<b>Date:</b>

***Please complete the application and send with \$25.00 application fee to:***

PENNSYLVANIA ASSOCIATION OF WEIGHTS & MEASURES

P. O. BOX 594

ALEXANDRIA, PA 15670