



AWI Small Business Program

Program Details and Eligibility Requirements

What is the AWI Small Business Program?

AWI created a dues category (MFG-G) to enable woodworker manufacturers to enjoy the wide range of AWI membership benefits and services. AWI understands that the costs involved in starting up and maintaining a business can be challenging. AWI is sensitive to providing service to all sizes of businesses in the woodworking industry, and the Institute is committed to helping businesses grow.

Who is Eligible for this program?

New manufacturer applicants or renewing manufacturer members that had Gross Annual Sales of less than \$500,000 in your most recently completed fiscal year.

On an annual basis, renewing manufacturer members with gross annual sales less than \$500,000 US\$ are required to submit AWI Small Business Program (SBP) form along with third party documentation. ***If SBP form and third party documentation is not received AWI will invoice dues at the higher amount.***

AWI Dues:	Gross Annual Sales over \$500,000	\$1,980 annual due
(Sales & Dues in USD)	Gross Annual Sales less than \$500,000	\$990 annual dues

How Do I Apply for the Small Business Program?

All applicants must complete this form and supply AWI with third party verification of their Gross Annual Sales. Documentation should reflect most recent completed fiscal year.

Please choose one form to submit to AWI: **(check one)**

- State business/occupational tax report showing gross revenue.
- State sales tax report showing gross revenue, whether or not “taxed.”
- Financial statement from a Certified Public Accountant (CPA).
- Other state or federal form verifying gross revenue.

Complete the information request below and attach it with a copy of the third party verification document(s) that’s checked above. ***All information will be held in strict confidence by AWI.*** If you have any questions please contact the AWI Membership Department at (571) 323-3615 or email tshaughnessy@awinet.org.

Company Information *(Please type or print all information.)*

Total number of employees: _____ (required)

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Print Name of Company Principal or CEO

Signature of Company Principal or CEO (Required)

Today’s Date

Return completed Small Business Program form and third party verification document(s) to:

Membership Department	Phone (571) 323-3615
Architectural Woodwork Institute	Fax (571) 323-3630
46179 Westlake Drive, Suite 120	
Potomac Falls, Virginia 20165	