

# CANADIAN SPECIALIZED SERVICES

## MEMBERSHIP APPLICATION



PLEASE PRINT OR TYPE

600 Hunter Dr., Ste 220, Oak Brook, IL 60523 630-574-0650 fax 630-574-0132 www.aednet.org

Company Name \_\_\_\_\_

Primary Contact for AED Mailings \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_ Shipping Address (if different) \_\_\_\_\_

City, Prov., Postal Code \_\_\_\_\_ City, Prov., Postal Code \_\_\_\_\_

Main phone number \_\_\_\_\_ Main fax number \_\_\_\_\_

Website URL \_\_\_\_\_ Company e-mail \_\_\_\_\_

Please provide information applicable to your business and your interest in the construction equipment industry (i.e. construction, mining, municipal, industrial and logging industries- including public bodies):

Is your firm a subsidiary of another company?  Yes  No  
 If "yes," name parent firm: \_\_\_\_\_

Does your firm have any subsidiaries or divisions?  Yes  No  
 If "yes," name subsidiary(ies) or division(s): \_\_\_\_\_

Please list construction equipment distributors/manufacturers who are clients of your organization. Please attach on separate sheet for additional lines.

Company Name \_\_\_\_\_  
 City, State/Prov. \_\_\_\_\_

Company Name \_\_\_\_\_  
 City, State/Prov. \_\_\_\_\_

Company Name \_\_\_\_\_  
 City, State/Prov. \_\_\_\_\_

Company Name \_\_\_\_\_  
 City, State/Prov. \_\_\_\_\_

### CANADIAN SPECIALIZED SERVICE MEMBERSHIP DUES

Dues. .... \$500

### PAYMENT

- Check enclosed - Make check payable to Associated Equipment Distributors in US Funds
- Charge to:  Visa  Mastercard  American Express

Account No. \_\_\_\_\_

Exp. Date \_\_\_\_\_ Name of Cardholder \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

*Membership investments in AED are not tax deductible as a charitable contribution but a portion is deductible as a business expense. Since AED engages in lobbying, under Federal Law 28% of investments for 2012 are non-deductible; 72% is deductible.*

We hereby apply for SPECIALIZED SERVICE membership in ASSOCIATED EQUIPMENT DISTRIBUTORS and, if accepted, agree to abide by the Articles of Incorporation and Bylaws of the Association. We enclose our check for one full year's membership dues in accordance with the schedule above.

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Date Received \_\_\_\_\_

Enrollment Date \_\_\_\_\_

Org. ID# \_\_\_\_\_