

MANUFACTURER 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, State, Zip _____ City, State, Zip _____

Main phone number _____ Main fax number _____

Website URL _____ Company e-mail _____

Please list your products which you manufacture for sale in construction, mining, municipal, industrial and logging industries (including public bodies). *Please do not use trade name.*

How many construction equipment distributors represent your account in North America?

1. _____
2. _____
3. _____

Please list three of your distributors:

Name of Distributor _____

City, State _____

Name of Distributor _____

City, State _____

Name of Distributor _____

City, State _____

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): _____

U.S. MANUFACTURER MEMBERSHIP DUES

(Please check one)

Gross Annual Revenue	Dues Per Annum
<input type="checkbox"/> Under \$5 million	\$1,400
<input type="checkbox"/> \$5 to \$25 million	\$2,000
<input type="checkbox"/> \$25 to \$75 million	\$3,500
<input type="checkbox"/> \$75 to \$150 million	\$4,500
<input type="checkbox"/> \$150 to \$300 million	\$6,000
<input type="checkbox"/> \$300 to \$500 million	\$7,500
<input type="checkbox"/> Over \$500 million	\$9,500

PAYMENT

Check enclosed – Make check payable to **Associated Equipment Distributors**

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 non-deductible; 72% is deductible.

We hereby apply for MANUFACTURER 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 Rec'd _____
Enroll Date _____
Org. ID# _____