

SPECIALIZED SERVICE

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 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 _____

Company Name _____
City, State _____

Company Name _____
City, State _____

Company Name _____
City, State _____

U.S. SPECIALIZED SERVICE MEMBERSHIP DUES

Dues. \$1,750

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.

PAYMENT

Check enclosed - Make check payable to **Associated Equipment Distributors** in U.S. Funds.
 Charge to: Visa Mastercard American Express
 Account No. _____
 Exp. Date _____ Name of Cardholder _____
 Cardholder Signature _____

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# _____