

# PUBLICATION

## MEMBERSHIP APPLICATION

Return completed form to: e) [jcruthers@aednet.org](mailto:jcruthers@aednet.org) or m) AED, 650 E Algonquin Rd Ste 305, Schaumburg, IL 60173



### Company Information

Company Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST/PR: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Toll Free #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Website URL: \_\_\_\_\_ Company e-mail: \_\_\_\_\_  
Billing Address  
(if different than above): \_\_\_\_\_  
City: \_\_\_\_\_ ST/PR: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Parent Company (if applicable): \_\_\_\_\_  
Subsidiary (ies) or Division (s) (if applicable): \_\_\_\_\_

### Primary Contact (to receive all membership correspondence)

First Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST/PR: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Direct #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

### Principal Contacts of Publication

Publisher: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Editor: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
General Manager: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### Nature of Publication

### Frequency of Publication

National  
 Regional: (states covered:) \_\_\_\_\_  
 Other: (please describe): \_\_\_\_\_

Monthly  
 Other (please describe)  
 Semi- Monthly  
 Weekly \_\_\_\_\_

### Method of Payment (US funds only)

Membership Type: \_\_\_\_\_ Dues per year: \_\_\_\_\_  
 Publication \$2,110

Payment Type:  Visa  MasterCard  Discover  American Express  Check enclosed, payable to Associated Equipment Distributors  
Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Charge Amount: \_\_\_\_\_  
Print Name of Cardholder: \_\_\_\_\_  
Signature: \_\_\_\_\_

### Membership Acceptance

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

For Office Use Only	
Date Received:	
Enrollment Date:	
Org ID #:	