

# TECHNICAL SCHOOL

## MEMBERSHIP APPLICATION

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



### School Information

School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST/PR: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Toll Free #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Website URL: \_\_\_\_\_ General e-mail: \_\_\_\_\_  
Billing Address  
(if different than above): \_\_\_\_\_  
City: \_\_\_\_\_ ST/PR: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

### 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: \_\_\_\_\_

### Please list additional contacts at the school relevant to the program

Name: _____	Title: _____	Email: _____
Name: _____	Title: _____	Email: _____
Name: _____	Title: _____	Email: _____
Name: _____	Title: _____	Email: _____

### Please provide information about your technical program that pertains to diesel equipment technology

### Method of Payment (US funds only)

**Membership Type:**                      **Dues per year:**  
 Technical School                      \$2,240

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 TECHNICAL SCHOOL 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 #:	