

TECHNICAL SCHOOL

MEMBERSHIP APPLICATION

Return completed form to: e) 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 \$2,170

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 #: | _____ |