

# MANUFACTURER

## MEMBERSHIP APPLICATION

Return completed form to: e) [membership@aednet.org](mailto:membership@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: \_\_\_\_\_

### Please list heavy equipment distributors who are current distributors for your organization (attach a separate sheet for additional lines)

How many heavy equipment distributors currently represent your organization? US: \_\_\_\_\_ Canada: \_\_\_\_\_  
Company Name: \_\_\_\_\_ City: \_\_\_\_\_ ST/PR: \_\_\_\_\_  
Company Name: \_\_\_\_\_ City: \_\_\_\_\_ ST/PR: \_\_\_\_\_  
Company Name: \_\_\_\_\_ City: \_\_\_\_\_ ST/PR: \_\_\_\_\_

### Please provide information applicable to your business and your interest in the heavy equipment distribution industry (i.e. construction, agricultural, mining, municipal, industrial, forestry)

\_\_\_\_\_

### Method of Payment (US funds only)

#### US & Canada Gross Annual Revenue (check one) Dues per year:

- Manufacturer <\$5m \$1,970
- Manufacturer \$5m to <\$25m \$2,750
- Manufacturer \$25m to <\$75m \$4,880
- Manufacturer \$75m to <\$150m \$6,201
- Manufacturer \$150m to <\$300m \$8,380
- Manufacturer \$300m to <\$500m \$10,440
- Manufacturer > \$500m \$13,210

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 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 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 #:	