

MANUFACTURER

MEMBERSHIP APPLICATION

Return completed form to: e) 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: **United States**
Phone #: _____ Toll Free #: _____ Fax #: _____
Website URL: _____ Company e-mail: _____
Billing Address
(if different than above): _____
City: _____ ST/PR: _____ Zip/Postal Code: _____ Country: **United States**
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 #:	