

# SERVICE PROVIDER

## 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 equipment distributors or manufacturers who are clients of your organization. (attach a separate sheet for additional lines)

Company Name: _____	City: _____	ST/PR: _____
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)

**Membership Type**                      **Dues per year:**  
 Service Provider                      \$2,570

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 SERVICE PROVIDER 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 #:	