

CANADIAN MANUFACTURER

MEMBERSHIP APPLICATION



PLEASE PRINT OR TYPE

650 E. Algonquin Rd. Ste. 305 Schaumburg, IL 60173 630-574-0650 fax 630-574-0132
www.aednet.org

Company Name _____

Primary Contact for AED Mailings _____ Title _____

Mailing Address _____ Shipping Address (if different) _____

City, Prov., Postal Code _____ City, Prov., Postal Code _____

Main phone number _____ Main fax number _____

Website URL _____ Company e-mail _____

Please list your products which you manufacture for sale in construction, mining, municipal, industrial and logging industries (including public bodies). *Please do not use trade name.*

How many construction equipment distributors represent your account in North America?

1. _____
2. _____
3. _____

Please list three of your distributors:

Is your firm a subsidiary of another company? Yes No

If "yes," name parent firm: _____

Name of Distributor _____

City, State/Prov. _____

Name of Distributor _____

City, State/Prov. _____

Does your firm have any subsidiaries or divisions? Yes No

If "yes," name subsidiary(ies) or division(s): _____

Name of Distributor _____

City, State/Prov. _____

CANADIAN MANUFACTURER MEMBERSHIP DUES

<small>(Please check one)</small> Gross Annual Revenue	Dues Per Annum
<input type="checkbox"/> Under \$5 million	\$1,065
<input type="checkbox"/> \$5 to \$10 million	\$1,625
<input type="checkbox"/> \$10 to \$25 million	\$2,130
<input type="checkbox"/> \$25 to \$50 million	\$2,690
<input type="checkbox"/> \$50 to \$100 million	\$3,225
<input type="checkbox"/> Over \$100 million	\$4,265

PAYMENT

Check enclosed - Make check payable in US Funds to **Associated Equipment Distributors**

Charge to: Visa MasterCard American Express

Account No. _____

Exp. Date _____ Name of Cardholder _____

Cardholder Signature _____

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 check for one full year's membership dues in accordance with the schedule above.

Name _____ Title _____

Signature _____ Date _____

OFFICE USE ONLY

Date Received _____

Enrollment Date _____

Org ID# _____

