

# FINANCIAL ORGANIZATION

## MEMBERSHIP APPLICATION



PLEASE PRINT OR TYPE  
www.aednet.org

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

Company Name \_\_\_\_\_

Primary Contact for AED Mailings \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_ Shipping Address (if different) \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Main phone number \_\_\_\_\_ Main fax number \_\_\_\_\_

Website URL \_\_\_\_\_ Company e-mail \_\_\_\_\_

Please provide information applicable to your business and your interest in the construction equipment industry (i.e. construction, mining, municipal, industrial and logging industries- including public bodies):

Is your firm a subsidiary of another company?  Yes  No

If "yes," name parent firm: \_\_\_\_\_

Does your firm have any subsidiaries or divisions?  Yes  No

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

Is your firm a bank or a finance company?

- Bank  
 Finance Company

What is your annual financing volume in the construction equipment industry?

\_\_\_\_\_

### U.S. FINANCIAL ORGANIZATION MEMBERSHIP DUES

Dues. . . . . \$1,880

Membership investments in AED are not tax deductible as a charitable contribution but a portion is deductible as a business expense. Since AED engages in lobbying, under Federal Law 20.3% of investments for 2016 are non-deductible; 79.7% is deductible.

### PAYMENT

- Check enclosed - Make check payable to **Associated Equipment Distributors** in U.S. Funds.
- Charge to:  Visa  MasterCard  American Express
- Account No. \_\_\_\_\_
- Exp. Date \_\_\_\_\_ Name of Cardholder \_\_\_\_\_
- Cardholder Signature \_\_\_\_\_

We hereby apply for FINANCIAL ORGANIZATION 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# \_\_\_\_\_