

# PRESS

## MEMBERSHIP APPLICATION



PLEASE PRINT OR TYPE

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

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

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

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

### Principal Contacts of Publication

Publisher \_\_\_\_\_

Editor \_\_\_\_\_

General Manager \_\_\_\_\_

### Nature of Publication

National

Regional- states covered: \_\_\_\_\_

Other- please describe: \_\_\_\_\_

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): \_\_\_\_\_

How often is your publication issued?

Monthly

Semi-monthly

Weekly

Other- please describe: \_\_\_\_\_

### U.S. PRESS MEMBERSHIP DUES

Dues ..... \$ 1,065

### PAYMENT

Check enclosed - Make check payable to Associated Equipment Distributors in U.S. Funds.

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We hereby apply for PRESS 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

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