

# SPECIALIZED SERVICE

## 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, 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): \_\_\_\_\_

Please list construction equipment distributors/manufacturers who are clients of your organization. Please attach on separate sheet for additional lines.

Company Name \_\_\_\_\_  
City, State \_\_\_\_\_

Company Name \_\_\_\_\_  
City, State \_\_\_\_\_

Company Name \_\_\_\_\_  
City, State \_\_\_\_\_

Company Name \_\_\_\_\_  
City, State \_\_\_\_\_

### U.S. SPECIALIZED SERVICE MEMBERSHIP DUES

Dues. .... \$1,880

### 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 \_\_\_\_\_

*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 2012 are non-deductible; 79.7% is deductible.*

We hereby apply for SPECIALIZED SERVICE 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# \_\_\_\_\_