

# US DISTRIBUTOR DIVISION

## MEMBERSHIP APPLICATION

Return completed form to e) [smcpherson@aednet.org](mailto:smcpherson@aednet.org) f) 630-468-5137



### Company Information

Company Name: \_\_\_\_\_ DUNS #: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST/PR: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: **United States**  
Phone #: \_\_\_\_\_ Toll Free #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Website URL: \_\_\_\_\_ Company e-mail: \_\_\_\_\_  
Billing Address  
(if different than above): \_\_\_\_\_  
City: \_\_\_\_\_ ST/PR: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: **United States**  
Parent Company (AED membership required): \_\_\_\_\_  
Subsidiary (ies) or Division (s) (if applicable): \_\_\_\_\_

### Primary Contact (to receive all membership correspondence)

Prefix:  Dr.  Miss  Mr.  Mrs.  Ms. Job Title: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST/PR: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Direct #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Please list the principal lines for which you are contractually authorized by the manufacturer to distribute (attach a separate sheet for additional lines if needed)

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

### Please answer the following questions about your company

Does your company carry inventory of new construction equipment?  
 Yes  No

Is your company free of financial control on the part of any manufacturer whom you represent?  
 Yes  No

Does your company operate a service shop?  
 Yes  No

Is your company free of financial control on the part of any contractor you sell a substantial part of your annual volume?  
 Yes  No

Please check one on the following that best describes your business:  
 The majority of equipment sold is greater than 100 horsepower  
 The majority of equipment sold is less than 100 horsepower  
 The majority of the business is rental

Please provide the following numbers on the size of your organization:  
# of Locations: \_\_\_\_\_  
# of Employees (all locations): \_\_\_\_\_  
# of Service Technicians (all locations): \_\_\_\_\_

### Method of Payment (US funds only)

Gross Annual Revenue (check one)	Dues per year:
<input type="radio"/> Distributor Div <\$5m	\$720
<input type="radio"/> Distributor Div \$5m to <\$10m	\$1,160
<input type="radio"/> Distributor Div \$10m to <\$25m	\$1,245
<input type="radio"/> Distributor Div \$25m to <\$50m	\$2,050
<input type="radio"/> Distributor Div \$50m to <\$75m	\$2,205
<input type="radio"/> Distributor Div \$75m to <\$150m	\$2,605
<input type="radio"/> Distributor Div \$150m to <\$300m	\$3,520
<input type="radio"/> Distributor Div \$300m to <\$500m	\$4,380
<input type="radio"/> Distributor Div >\$500m	\$5,545

Membership dues 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, 9% of investments for 2018 are non-deductible; 91% is deductible

Payment Type:  Visa  MasterCard  Discover  American Express  Check enclosed, payable to Associated Equipment Distributors

Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Charge Amount: \_\_\_\_\_  
Print Name of Cardholder: \_\_\_\_\_  
Cardholder's Signature: \_\_\_\_\_

### Membership Acceptance

We hereby apply for US DISTRIBUTOR DIVISION membership in ASSOCIATED EQUIPMENT DISTRIBUTORS and, if accepted, agree to abide by the Articles of Incorporation and Bylaws of the Association. We enclose our payment for one full year's membership dues in accordance with the schedule above.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_

### For Office Use Only

Date Received:	
Enrollment Date:	
Org ID #:	

ASSOCIATED EQUIPMENT DISTRIBUTORS – 650 E. ALGONQUIN RD., SUITE 305, SCHAUMBURG, IL 60173

(P): 630-574-0650, (F): 630-574-0132 (W): [www.aednet.org](http://www.aednet.org)

THE ASSOCIATION OF LEADERS IN EQUIPMENT DISTRIBUTION

Please provide details on branch locations to be included in the membership benefits that are included in the total gross annual revenue above  
(please attach a separate sheet for additional lines if needed)

Branch Name (if different than above): \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/PR: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone #: \_\_\_\_\_ Toll Free #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Branch Manager: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_ Fax #: \_\_\_\_\_

Branch Name (if different than above): \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/PR: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone #: \_\_\_\_\_ Toll Free #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Branch Manager: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_ Fax #: \_\_\_\_\_

Branch Name (if different than above): \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/PR: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone #: \_\_\_\_\_ Toll Free #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Branch Manager: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_ Fax #: \_\_\_\_\_

Branch Name (if different than above): \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/PR: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone #: \_\_\_\_\_ Toll Free #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Branch Manager: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_ Fax #: \_\_\_\_\_

Branch Name (if different than above): \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/PR: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone #: \_\_\_\_\_ Toll Free #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Branch Manager: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_ Fax #: \_\_\_\_\_

Branch Name (if different than above): \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/PR: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone #: \_\_\_\_\_ Toll Free #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Branch Manager: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_ Fax #: \_\_\_\_\_