

PUBLICATION

MEMBERSHIP APPLICATION

Return completed form to: e) jcruthers@aednet.org or m) AED, 650 E Algonquin Rd Ste 305, Schaumburg, IL 60173



Company Information

Company Name: _____
Business Address: _____
City: _____ ST/PR: _____ Zip/Postal Code: _____ Country: _____
Phone #: _____ Toll Free #: _____ Fax #: _____
Website URL: _____ Company e-mail: _____
Billing Address
(if different than above): _____
City: _____ ST/PR: _____ Zip/Postal Code: _____ Country: _____
Parent Company (if applicable): _____
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: _____

Principal Contacts of Publication

Publisher: _____ Phone #: _____ Email: _____
Editor: _____ Phone #: _____ Email: _____
General Manager: _____ Phone #: _____ Email: _____

Nature of Publication

National
 Regional: (states covered): _____
 Other: (please describe): _____

Frequency of Publication

Monthly Other (please describe)
 Semi- Monthly
 Weekly _____

Method of Payment (US funds only)

Membership Type: _____ Dues per year: _____
 Publication \$1,560

Payment Type: Visa MasterCard Discover American Express Check enclosed, payable to Associated Equipment Distributors
Account #: _____ Exp. Date: _____ Charge Amount: _____
Print Name of Cardholder: _____
Signature: _____

Membership Acceptance

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

Signature: _____ Date: _____
Print Name: _____ Title: _____

For Office Use Only

Date Received:	
Enrollment Date:	
Org ID #:	