

TECHNICAL SCHOOL

MEMBERSHIP APPLICATION

Return completed form to: e) smcpherson@aednet.org



School Information

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

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 additional contacts at the school relevant to the program

Name: _____	Title: _____	Email: _____
Name: _____	Title: _____	Email: _____
Name: _____	Title: _____	Email: _____
Name: _____	Title: _____	Email: _____

Please provide information about your technical program that pertains to diesel equipment technology

Method of Payment (US funds only)

Gross Annual Revenue (check one) **Dues per year:**
 Technical School \$2,000

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 TECHNICAL SCHOOL/ 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.

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

For Office Use Only

Date Received:	_____
Enrollment Date:	_____
Org ID #:	_____