

## APPLICATION FOR ASSOCIATE MEMBERSHIP

**ELIGIBLITY REQUIREMENTS:** An individual, proprietorship, partnership or corporation which supplies equipment, products or services to the automotive industry. Any other organiztion may be approved for associate membership by the board of directors.

Please complete and include the following items with payment:

1. Company catalog or price sheet 2. Company letterhead or invoice 3. Copy of certificate of product liability insurance

## **COMPANY INFORMATION**

Company Name	Date business started	
Contact Person (one name only)		
Business Address		
City, State/Province, Postal Code	Country	
Phone	Fax	
Email	Website	
Type of business: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation	Number of employees:	
Federal ID Number or Social Security Number:		
Other trade associations you are affiliated with:		
Products and/or services offered to wholesalers:		
Please check the appropriate categories for listing in the AERA Member Locator:		
□ CM – Chemical Adhesive Manufacturer □ CP – Computer Services □ CS – Core Supplier □ ED – Engine / Engine Component Distributor □ EM – Equipment Manufacturer / Supplier □ M – Importer □ MP – Manual Publisher □ PM – Parts Manufacture □ SS – Shop Supplies □ VT – Vocational Traini □ WD – Warehouse Dist □ Other		- Business Press R - Manufacturer's Rep. / Agent
AERA MEMBERSHIP DUES	USA	INTERNATIONAL
☐ Manufacturer's Rep. / Agent or Business Press	\$460 (\$38.33/mo	nth) \$500 (\$41.67/month) USD
□ Wholesale Distributor, Manufacturer, Remanufacturer, Core Supplie Automotive Sales: □ \$0 - 1,000,000	\$690 (\$57.50/mo \$790 (\$65.83/mo	nth) \$830 (\$69.17/month) USD
PAYMENT MUST ACCOM	IPANY APPLICA	ATION
□ ENTIRE AMOUNT ENCLOSED: \$ ★ MONTHLY PA	AYMENT PLANS AVAILABLE:	Contact AERA for details.
CREDIT CARD:         □ VISA         □ MasterCard         □ American Express         □ Discover	☐ CHECK: Please m	nake check payable to <b>AERA</b>
Cardholder Name (please print)		
Card Number	Expiration:	Security Code:
Cardholder Signature		
I attest that my firm meets the above requirements and give AERA permission to verify the information.		
Signature	Title	

## \* RECOMMENDED FOR MEMBERSHIP BY:

**Send application and payment to:** AERA, 875 Feinberg Court, Suite 106, Cary, IL 60013 USA. Or — fax your completed application with payment to 888-329-2372 (toll-free) or 815-526-7601. You may also apply online at **www.aera.org**. If you are already an AERA member, please give this application to a friend. Call AERA toll-free 888-326-2372 (or direct 815-526-7600) with any questions.