



ILLINOIS EQUIPMENT DISTRIBUTORS

moving industry forward since 1951

APPLICATION FOR ASSOCIATE MEMBERSHIP

Please complete and return to: the person who gave you this form or to the address below.

Firm Name _____ Date _____

Street Address _____

City _____ State _____ Zip _____ Website _____

Phone () _____ FAX () _____ e mail _____

Type of Business _____

Territory covered _____

Number of years actively in business _____ Organization: corporation ___ partnership ___ sole proprietorship? ___

Number of employees: Sales _____ Service _____ Other _____ Total _____

Associate Member Applicant: Please detail your relationship with our industry and your reasons for applying for membership.

PRINCIPALS OF YOUR ORGANIZATION (Please designate who should receive our communications)

NAME _____ TITLE _____

General Manager _____ Sales Manager _____

FOR OFFICE USE ONLY

Active Member Sponsors

Application Approved by:

1. Name _____

(IED Chairman, Membership Committee)

Company _____

2. Name _____

(IED President)

Company _____

Enrolled Date: _____

Application originated by: _____ Annual Dues Associate Member \$ _____