



# 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)

<u>NAME</u>	<u>TITLE</u>
_____	_____
_____	_____

General Manager \_\_\_\_\_ Sales Manager \_\_\_\_\_

### FOR OFFICE USE ONLY

Active Member Sponsors

Application Approved by:

1. Name \_\_\_\_\_

Company \_\_\_\_\_

\_\_\_\_\_  
(IED Chairman, Membership Committee)

2. Name \_\_\_\_\_

Company \_\_\_\_\_

\_\_\_\_\_  
(IED President)

Enrolled Date: \_\_\_\_\_

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