

## APPLICATION FOR ACTIVE MEMBERSHIP

**ELIGIBLITY REQUIREMENTS:** Applicant should be a proprietorship, partnership or corporation that has adequate automotive shop equipment and performs either engine machining, engine modification, engine assembly or engine installation and whose principal business serves the automotive, truck, tractor, marine, diesel and other classes of retail, industrial and commercial accounts and not primarily sell used parts (which term does not include remanufactured parts) in their main place of business.

- 1. Please remit a sheet of company letterhead, company business card or company invoice with application.
- 2. If your business meets the above criteria, please complete the form below. (Please print legibly or type.)

## **COMPANY INFORMATION**

Company Name		Date business started	
Contact Person (one name only)			
Business Address			
City, State/Province, Postal Code		Country	
Country			
Phone		Fax	
Email		Website	
How many personnel in your shop?	(include part-time personnel	)	
Please check t	the appropriate categories for	listing in the AERA Member	· Locator:
<ul> <li>□ AC – Custom, passenger car and light truck engine rebuilding</li> <li>□ AF – Foreign, motorcycle and small engine rebuilding</li> <li>□ AL – Drive line rebuilding</li> <li>□ AP – Production engine rebuilding (100+ per month)</li> <li>□ AI – Engine installation</li> </ul>		<ul> <li>□ AD – Diesel, heavy-duty and industrial engine rebuilding</li> <li>□ AH – High-performance engine rebuilding</li> <li>□ AM – Marine engine rebuilding</li> <li>□ AY – Cylinder head rebuilding specialist</li> <li>□ Other</li> </ul>	
AERA MEMBERSHIP DUES			
Number of Shop Personnel 1 - 3		\$550 (\$45.83/month) \$760 (\$63.33/month)	\$480 (\$40.00/month) USD \$600 (\$50.00/month) USD \$810 (\$67.50/month) USD \$910 (\$75.83/month) USD
PAYME	NT MUST ACCOM	IPANY APPLICAT	<b>FION</b>
☐ ENTIRE AMOUNT ENCLOSED: \$	* MONTHL	Y PAYMENT PLANS AVAILAE	BLE: Contact AERA for details.
<b>CREDIT CARD:</b> □ VISA □ MasterCard □ American Express □ Discover		☐ CHECK: Please make check payable to AERA	
Cardholder Name (please print)			
Card Number		Expiration:	Security Code:
Cardholder Signature			
I attest that my firm meets the above re	quirements and give AERA perm	ission 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.