



APPLICATION FOR INTERNATIONAL ACTIVE MEMBERSHIP

ELIGIBILITY 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, Province, Postal Code _____

Country _____

Phone _____ Fax _____

Email _____ Website _____

How many personnel in your shop? _____ (include part-time personnel)

Please check the appropriate categories for listing in the AERA Membership Directory:

- AC – Custom, passenger car and light truck engine rebuilding
- AD – Diesel, heavy-duty and industrial engine rebuilding
- AF – Foreign, motorcycle and small engine rebuilding
- AH – High-performance engine rebuilding
- AL – Drive line rebuilding
- AM – Marine engine rebuilding
- AP – Production engine rebuilding (100+ per month)
- AY – Cylinder head rebuilding specialist
- AI – Engine installation
- Other

AERA MEMBERSHIP DUES

Select the appropriate personnel category for your shop.

Number of shop personnel:

- 1 - 3.....\$439 (\$36.58/month)
- 4 - 8.....\$539 (\$44.92/month)
- 9 - 24.....\$739 (\$61.58/month)
- 25 or more\$839 (\$69.92/month)

PAYMENT MUST ACCOMPANY APPLICATION

ENTIRE AMOUNT ENCLOSED: \$ _____ **★ MONTHLY PAYMENT PLANS AVAILABLE:** Contact AERA for details.

CREDIT CARD: 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 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.