



APPLICATION FOR U.S. ASSOCIATE MEMBERSHIP

ELIGIBILITY REQUIREMENTS: An individual, proprietorship, partnership or corporation which supplies equipment, products or services to the automotive industry. Any other organization 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, Zip _____

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 Membership Directory:

SERVICE GROUP

- BP – Business Press
- CP – Computer Services
- CS – Core Supplier
- ED – Engine Distributor / Engine Component Distributor
- M – Importer
- MP – Manual Publisher
- RM – Remanufacturer
- SS – Shop Supplies
- VT – Vocational Training
- WD – Warehouse Distributor
- Other

MANUFACTURER'S GROUP

- CM – Chemical Adhesive Mfr.
- EM – Equipment Mfr. / Supplier
- MR – Manufacturer's Rep. / Agent
- PM – Parts Mfr. / Supplier

AERA MEMBERSHIP DUES

- Manufacturer's Rep / Agent or Business Press.....\$399 (\$33.25/month)
- Wholesale Distributor, Manufacturer, Remanufacturer, Core Supplier, or Service Organization

Automotive Sales:

- \$0 - 1,000,000\$599 (\$49.92/month)
- \$1,000,000 - 3,000,000\$699 (\$58.25/month)
- Over \$3,000,000\$799 (\$66.58/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.