



APPLICATION FOR 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 Name	Date business started
Contact Person (one name only)	
Business Address	
City, State/Province	Postal Code
Country	
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 Member Locator:

- | | | |
|---|---|---|
| ☐ CM – Chemical Adhesive Manufacturer | ☐ PM – Parts Manufacturer / Supplier | ☐ BP – Business Press |
| ☐ CP – Computer Services | ☐ RM – Remanufacturer | ☐ MR – Manufacturer's Rep. / Agent |
| ☐ CS – Core Supplier | ☐ SS – Shop Supplies | |
| ☐ ED – Engine / Engine Component Distributor | ☐ VT – Vocational Training | |
| ☐ EM – Equipment Manufacturer / Supplier | ☐ WD – Warehouse Distributor | |
| ☐ M – Importer | ☐ Other | |
| ☐ MP – Manual Publisher | | |

AERA MEMBERSHIP DUES

One-time annual payment or monthly payment plan. All prices USD.

- | | | |
|--|--------------------------------|--|
| Manufacturer's Rep/Agent or Business Press..... | ☐ \$460 | ☐ \$38.33 (monthly) |
| Wholesale Distributor, Manufacturer, Remanufacturer, Core Supplier or Service Organization | | |
| Automotive Sales: \$0 - 1,000,000..... | ☐ \$690 | ☐ \$57.50 (monthly) |
| \$1,000,000 - 3,000,000..... | ☐ \$790 | ☐ \$65.83 (monthly) |
| Over \$3,000,000 | ☐ \$890 | ☐ \$74.17 (monthly) |

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 email to info@aera.org or apply online at www.aera.org. Call AERA toll-free 888-326-2372 (or direct 815-526-7600) with any questions.