



# MEMBERSHIP APPLICATION

FOR REPRESENTATIVE (AGENT) MEMBERS

**Qualifications for Membership:** A company which has performed the functions of an independent contractor sales representative for one (1) or more years for two or more principals and are sponsored by at least one (1) current Association Member, and agree to be bound by the AIM/R Code of Ethics.

APPLICATION DATE: \_\_\_\_\_

COMPANY: \_\_\_\_\_ Year Business Founded: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ LOCAL PHONE: \_\_\_\_\_

TOLL-FREE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

**OWNER/OFFICER INFORMATION:**

NAME/TITLE	NAME/TITLE
1. _____ <small>(KEY CONTACT)</small>	4. _____
2. _____	5. _____
3. _____	6. _____

**NUMBER OF FULL-TIME SALESPEOPLE:** OUTSIDE: \_\_\_\_\_ INSIDE: \_\_\_\_\_ OFFICE STAFF: \_\_\_\_\_ | **TOTAL FULL-TIME EMPLOYEES:** \_\_\_\_\_  
(INCLUDING OWNERS AND/OR OFFICERS)

**ADDITIONAL FACILITIES** (Please check all that apply):

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Collection & Credit          | <input type="checkbox"/> Demo Room         | <input type="checkbox"/> Distributor        | <input type="checkbox"/> Training Facility |
| <input type="checkbox"/> Computerized Mailing/Reports | <input type="checkbox"/> Demonstration Van | <input type="checkbox"/> Service Department | <input type="checkbox"/> Warehouse         |

**SALES THROUGH CUSTOMER BASE:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Contractors       | <input type="checkbox"/> Home Centers          | <input type="checkbox"/> Plumbing & Heating Wholesalers |
| <input type="checkbox"/> HVAC Distributors | <input type="checkbox"/> OEM                   | <input type="checkbox"/> Waterworks Distributors        |
| <input type="checkbox"/> Hardware Chains   | <input type="checkbox"/> PVF Distributors      | <input type="checkbox"/> Other _____                    |
| <input type="checkbox"/> Hardware Stores   | <input type="checkbox"/> Plumbing Distributors | _____   |

**CATEGORIES OF PRODUCTS SOLD:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Air Conditioning    | <input type="checkbox"/> Kitchen/Bath            | <input type="checkbox"/> Solar Heating/Cooling |
| <input type="checkbox"/> Electrical          | <input type="checkbox"/> Mill Supplies           | <input type="checkbox"/> Other _____           |
| <input type="checkbox"/> Heating             | <input type="checkbox"/> Pipes, Valves, Fittings | _____  |
| <input type="checkbox"/> Hydronics           | <input type="checkbox"/> Plumbing Products       | _____  |
| <input type="checkbox"/> Industrial Supplies | <input type="checkbox"/> Pumps, Well Supplies    | _____  |

**SALES TERRITORY BY STATE/PARTIAL STATE** (Please list alphabetically): \_\_\_\_\_

**BRANCH OFFICES:**

- City/State/Zip or Postal Code \_\_\_\_\_  
Address \_\_\_\_\_  
Branch Manager \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_
- City/State/Zip or Postal Code \_\_\_\_\_  
Address \_\_\_\_\_  
Branch Manager \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

(If additional space is required, please list on your letterhead and attach.)

APPLICATION CONTINUES ON BACK

■ **MANUFACTURERS REPRESENTED** (minimum of two). This information will appear in the AIM/R Locator, **if approved by you.**

Please indicate:  **OK to publish in Locator**     **DO NOT publish in Locator**

- |                  |                         |
|------------------|-------------------------|
| 1. Company _____ | Represented Since _____ |
| 2. Company _____ | Represented Since _____ |
| 3. Company _____ | Represented Since _____ |
| 4. Company _____ | Represented Since _____ |
| 5. Company _____ | Represented Since _____ |
| 6. Company _____ | Represented Since _____ |

(If additional space is required, please list on your letterhead and attach.)

■ **APPLICATION FEES AND DUES:**

Application Fee is a one-time \$100.00 processing charge. This fee is waived for first-time New Member Applications.

**Dues are \$425.00 per year.** Your check for dues and application fee (if applicable) for a full first year should accompany this application. Please make checks payable to AIM/R. Membership is valid for one year from the date processed.

■ **PAYMENT METHOD:**

Check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ payable to **AIM/R**. (All payments must be made in the form of a check for U.S. dollars drawn on a U.S. bank or International Money Order for U.S. dollars. There is a \$25 charge on all returned checks.)

Charge to my:  VISA\*\*     MasterCard\*\*     American Express    \*\*plus 3 or 4 digit security code from back of card: \_\_\_\_\_

Credit Card Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

■ **CODE OF ETHICS**

The Association of Independent Manufacturers'/Representatives, Inc., is a trade association of manufacturers' representatives organized to:

- Promote, protect and improve the multiple-line representative function and provide benefits and services to its members.
- Create and foster a spirit of mutual respect and esteem among members and others within the industry and other industries.
- Educate the industry and other industries as to the advantages of doing business through manufacturers' representatives.

In furtherance of these objectives, the Association develops and participates in programs and activities for manufacturers' representatives designed to elevate ethical standards, improve business operations and provide more efficient service to principals, customers and the industry. To implement these goals, the members of AIM/R are expected to:

- Represent only those lines they can effectively market and sell.
- Maintain a fiscally stable firm.
- Operate a well-managed firm.
- Never degrade, malign or make false representations of a fellow representative.

■ **OUR COMPANY AGREES TO UPHOLD THE AIM/R CODE OF ETHICS:**

SPONSOR: \_\_\_\_\_ COMPANY: \_\_\_\_\_

As an AIM/R member, specifically the individual listed as the contact for the company, you will be on AIM/R's mailing list to receive emails and faxes on various publications, programs and services provided by and offered to AIM/R members.

I hereby give permission to AIM/R to:     Email me     Fax me

Date \_\_\_\_\_ Signature of Applicant Owner or Officer & Title \_\_\_\_\_

Date \_\_\_\_\_ Signature of Applicant Owner or Officer & Title \_\_\_\_\_

**Send application and payment to:**

**AIM/R** | 16 A Journey · Aliso Viejo, CA 92656



ASSOCIATION OF INDEPENDENT MANUFACTURERS'/REPRESENTATIVES, INC.

16 A Journey, Suite 200 · Aliso Viejo, CA 92656-3317

866-729-0975 toll-free | 949-859-2884 phone | 949-855-2973 fax | info@aimr.net | [www.aimr.net](http://www.aimr.net)