



**ASSOCIATION OF INDEPENDENT MANUFACTURERS'/REPRESENTATIVES, INC.**  
 16-A Journey, Suite 200, Aliso Viejo, CA 92656-5376  
 Toll free (866) 729-0975 • (949) 859-2884 • Fax (949) 855-2973 • info@aimr.net

## Manufacturer (Associate) Membership Application

Associate membership is encouraged for manufacturers and others who work with, or are considering working with, and support independent contractor sales representatives.

Application Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Local Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Toll-Free: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Year Company Established: \_\_\_\_\_ Number of Agencies Representing Company: \_\_\_\_\_

Total Full-Time Employees: \_\_\_\_\_

**■ SALES THROUGH CUSTOMER BASE:**

- |                        |                            |                                     |
|------------------------|----------------------------|-------------------------------------|
| ____ Contractors       | ____ Home Centers          | ____ Plumbing & Heating Wholesalers |
| ____ HVAC Distributors | ____ OEM                   | ____ Waterworks Distributors        |
| ____ Hardware Chains   | ____ PVF Distributors      | ____ Other _____                    |
| ____ Hardware Stores   | ____ Plumbing Distributors | _____                               |

**■ DESCRIBE THE PRODUCTS MANUFACTURED:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



■ **AGENCIES REPRESENTING COMPANY** — please list two rep firms that currently represent your company as references:

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

■ **APPLICATION FEES AND DUES**

Application fee is a one-time \$100 processing charge. This fee is waived for first-time New Member Application.

**Dues are \$395 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.

On behalf of the company submitting this application I hereby apply for associate membership in AIM/R (Association of Independent Manufacturers'/Representatives, Inc.). I understand that the membership, if approved, will cover only the firm named and located at the address shown.

■ **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

Credit Card # \_\_\_\_\_ Security Code \_\_\_\_\_ Expiration Date \_\_\_\_\_  
(3 or 4 digits)

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 e-mails and faxes on various publications, programs and services provided by and offered to AIM/R members.

I hereby give permission to AIM/R to:

E-mail me  Fax me

Date \_\_\_\_\_ Signature \_\_\_\_\_

Name and address of sponsoring member, if any \_\_\_\_\_

**Send application and payment to:**

AIM/R | 16-A Journey, Suite 200 · Aliso Viejo, CA 92656-5376  
Toll-Free: (866) 729-0975 | Local Phone: (949) 859-2884  
Fax: (949) 855-2973  
E-mail: info@aimr.net  
[www.aimr.net](http://www.aimr.net)