



MEMBERSHIP APPLICATION

FOR MANUFACTURER (ASSOCIATE) MEMBERS

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: _____

EMAIL: _____ 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:

- | | | |
|--|--|---|
| <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 | _____ |

■ 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 \$100.00 processing charge. This fee is waived for first-time New Member Applications.

Dues are \$300 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 **plus 3 or 4 digit security code from back of card: _____

Credit Card Account Number: _____ Expiration Date: _____

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 _____

Name and address of sponsoring member, if any: _____

Send application and payment to:

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

Toll-Free: 866-729-0975

Local Phone: 949-859-2884

Fax: 949-855-2973

info@aimr.net

www.aimr.net



ASSOCIATION OF INDEPENDENT MANUFACTURERS'/REPRESENTATIVES, INC.

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