



# ILLINOIS EQUIPMENT DISTRIBUTORS

## APPLICATION FOR REGULAR MEMBERSHIP

Please complete and return to: the person who gave you this form or to the address below. (page 1 of 3)

Firm Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Website \_\_\_\_\_

Phone ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_ e mail \_\_\_\_\_

Official to receive IED mailings (Please print or type) \_\_\_\_\_

Territory covered \_\_\_\_\_

Number of years actively engaged in distributing construction equipment \_\_\_\_\_

Is your firm a: \_\_\_ corporation, \_\_\_ partnership, \_\_\_ sole proprietorship?

Does your firm warehouse representative stocks of new construction equipment? \_\_\_ yes \_\_\_ no

Does your firm operate a service shop? \_\_\_ yes \_\_\_ no; employ service mechanics? \_\_\_ yes \_\_\_ no

Number of employees: Sales \_\_\_ Service \_\_\_ Other \_\_\_ Total \_\_\_

Unionized \_\_\_ yes \_\_\_ no If yes, What Union? \_\_\_\_\_

Regular Member Applicant: Please describe your relationship with our industry and your reasons for applying for membership.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Name: \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_

### PRINCIPALS OF YOUR ORGANIZATION

NAME

TITLE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

General Manager \_\_\_\_\_

Sales Manager \_\_\_\_\_