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CLASS _____

ALUMINUM EXTRUDERS COUNCIL PRODUCER MEMBERSHIP APPLICATION

In submitting this membership application for consideration by the Board of Directors of the Aluminum Extruders Council, we agree to support the Council's principal objectives as stated in the bylaws to actively participate in Council programs designed to improve the industry, to abide by Council bylaws and to regularly pay the membership dues as established by the Board of Directors.

Company Name _____ Year Established _____

Address _____

City/State or Prov/Zip _____

Phone _____ / _____ FAX _____ / _____

E-mail _____

Official Representative's Name _____

Title _____

If subsidiary of another firm, please list its name: _____

If subsidiaries of applicant are to be enrolled as "Subsidiary Member," list firm name and address, with name and title of subsidiary contact: _____

(NOTE: Annual dues for each Subsidiary Member must accompany application.)

Please list two extruder/customers with whom your firm has established business relationship sufficient to provide a general recommendation regarding your application:

1. Name _____
 Title _____
 Company _____
 Address _____
 City/State or Prov _____
 Zip _____ Phone _____ / _____
2. Name _____
 Title _____
 Company _____
 Address _____
 City/State or Prov _____
 Zip _____ Phone _____ / _____

List name, title and complete address (if different from above) of other company executives to receive Council mailings: _____

Date _____ Signed _____