



OFFICE USE ONLY
Rcvd. _____
ID# _____
MEM-DATE _____
CLASS _____

## ALUMINUM EXTRUDERS COUNCIL SUPPLIER 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: \_\_\_\_\_

Number of employees (all locations):  1-99     100-249     250 or more

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

Please CHECK the appropriate categories below which best describe the nature of your firm's products or services. Please CIRCLE the one category which represents your firm's primary business interest:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Consulting              | <input type="checkbox"/> General Supplies          | <input type="checkbox"/> Tool & Die            | <input type="checkbox"/> Casting Equipment Mfg.       |
| <input type="checkbox"/> Equipment Mfg.          | <input type="checkbox"/> Handling Equip. Mfg.      | <input type="checkbox"/> Finishing Equipment   | <input type="checkbox"/> Lubricants                   |
| <input type="checkbox"/> Finisher                | <input type="checkbox"/> Press Mfg.                | <input type="checkbox"/> Die Steel Mfg.        | <input type="checkbox"/> Billet Processor (Primary)   |
| <input type="checkbox"/> Finishing Supplies      | <input type="checkbox"/> Scrap Processor           | <input type="checkbox"/> Tooling Steel Mfg.    | <input type="checkbox"/> Billet Processor (Secondary) |
| <input type="checkbox"/> Trader/Broker (Primary) | <input type="checkbox"/> Trader/Broker (Secondary) | <input type="checkbox"/> Trader/Broker (Scrap) | <input type="checkbox"/> Other _____                  |

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

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_