



FARM EQUIPMENT MANUFACTURERS ASSOCIATION

1000 Executive Parkway Drive, Suite 100
St. Louis, MO 63141
Ph: 314-878-2304
Fx: 314-732-1480

JOIN ONLINE
www.FarmEquip.org/join

S
U
P
P
L
I
E
R

M
A
R
K
E
T
E
R

COMPANY NAME _____

Company Address _____

City _____ State/Province _____

Zip Code/Postal Code _____ Country _____

Company Website _____ Company Email _____

Company Phone _____ Company Fax _____

Type of Ownership: Individual Ownership Corporation Partnership

If company mailing address is different than above, please complete this section below.

MAILING ADDRESS _____

City _____ State/Province _____

Zip Code/Postal Code _____ Country _____

Company contact information (Representative in North America)

EXECUTIVE OFFICER/DESIGNATED REPRESENTATIVE _____

Title _____

Phone _____ Email _____

If you would like to designate another person to receive Association publications email TKidd@FarmEquip.org.

Accounts Payable Contact

Name: _____ Title: _____

Phone: _____ Email: _____

If applying for Marketer Membership please tell us a little more about your company - check all that apply.

Equipment Handled: Farm Garden Power Light Industrial

Service Category: Light Manufacturing Service - In House Manufacturers Rep

Retail Sales Heavy Manufacturing Service - In Field Transportation of Equipment

Exporter Trade Shows Warehousing Wholesalers

Assembly Other: _____

Please list the States, Region or Provinces of your territory covered:

States or Region of the United States : _____

Canadian Provinces: _____



**M
E
M
B
E
R

A
P
P
L
I
C
A
T
I
O
N**

If applying for Supplier Membership please tell us a little more about your company - check all that apply

Registered Trade Names: _____

Year Company Founded: _____

Area(s) of Distribution: N. America Central America S. America Europe
 Asia Africa Australia

Products Manufactured or Services Supplied: _____

Did a member company refer you for membership? Yes No *If yes, could you provide the following:*

Name: _____ Company: _____

SCHEDULE OF DUES

Please note that contributions or gifts to the Farm Equipment Manufacturers Association are not deductible as charitable contributions for federal income tax purposes. However, dues payments are deductible by members as an ordinary and necessary business expense. Dues payments are strictly confidential. The below dues discounts reflect an early discount rate that all new members receive. To receive this in the future, please pay before the first due date.

Membership	Discounted Dues
<input type="checkbox"/> Supplier Associate Membership	\$439
<input type="checkbox"/> Marketing Associate - Wholesaler Membership	\$439
<input type="checkbox"/> Marketing Associate - Rep. Member	\$279

BY-LAWS OF THE FARM EQUIPMENT MANUFACTURERS ASSOCIATION

Article III - Membership

Section 3. **Supplier Associate Membership** - Any entity not qualifying for Regular or Foreign membership but which supplies new materials, component parts of whole goods, or other services to farm equipment manufacturers as approved by the Board of Directors, not to include marketing of whole goods, may apply for Supplier Associate Membership.

Section 4. **Marketing Associate Membership** - Any entity involved in the marketing of farm, garden, power, and light industrial equipment ("Equipment") which possesses a warehouse facility for wholesale distribution of Equipment or purchases and resells Equipment or physically markets or earns a sales-based commission from the manufacturer or distributor of Equipment may apply for Marketing Associate Membership.

Complete Association by-laws are available at FarmEquip.org/members/ByLaws

PAYMENT/SIGNATURE

This company hereby applies for membership in the Farm Equipment Manufacturers Association, in accordance with the provisions of its by-laws. Our Payment of \$_____ is enclosed, or our credit card information is listed below.

*Representative Signature _____ Date _____

Paying by Check: Please send all checks, made payable to the Farm Equipment Manufacturers Association, to the Association office with your applications. No cash please.

Paying by Credit Card, Please Check: MasterCard VISA American Express

Credit Card Number _____ Exp ___/___/___

CIV/CVV (last three digits on the back of the card) _____

All applications are subject to the approval of the Association Board of Directors.