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: ________________________________________________________________
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: __________________________________________

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.