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## 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 \_\_\_\_\_