

American Architectural Manufacturers Association
PROFESSIONAL MEMBERSHIP APPLICATION



PROFESSIONAL MEMBERSHIP LEVEL & QUALIFICATION

Please choose one of the following options:

- Professional Individual - \$100 (one person only)
- Professional Educator/Student - \$50 (one person only)
- Professional Firm - \$250 (Includes a total of four firm employees. For additional employees beyond four, add \$50 each.)

NOTE: Membership dues should be pro-rated based on the number of months remaining in the July 1–June 30 membership year. Example: (Annual Membership Dues ÷ 12) x number of months left in membership year (including the current month).

International Companies: For companies located outside of North America, a one-time application processing fee of \$100 is required and applies for the continuous lifetime of your membership to cover additional communication costs.

AGREEMENT

Please check the box below to signify confirmation of the statements shown.

I confirm that I am not an employee of a manufacturer, supplier, service provider, or test laboratory as defined in other AAMA member categories. I also confirm that neither my company nor I participate in any type of fenestration product testing, including field testing.

BUSINESS & MAIN REPRESENTATIVE CONTACT INFORMATION

Name: _____ Title: _____

Valid License #: _____ State Licensed: _____ Valid License #: _____ State Licensed: _____

Company: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Business Description: _____

Business Web Site (free link on AAMA's website is included with membership): www. _____

Web Username: _____ Web Password: _____ (For Member's Only web access & Publications Store discount)

ADDITIONAL REPRESENTATIVES (only applicable for Professional Firm Memberships)

1. Name: _____ Title: _____ Email Address: _____

Valid License #: _____ State Licensed: _____ Valid License #: _____ State Licensed: _____

Username: _____ Password: _____

2. Name: _____ Title: _____ Email Address: _____

Valid License #: _____ State Licensed: _____ Valid License #: _____ State Licensed: _____

Username: _____ Password: _____

3. Name: _____ Title: _____ Email Address: _____

Valid License #: _____ State Licensed: _____ Valid License #: _____ State Licensed: _____

Username: _____ Password: _____

PAYMENT METHOD

Please choose your preferred payment method:

Check this box if you have an InstallationMasters™ certification and, upon verification, a 50% discount will be applied to your dues fee.

Check – payable to "AAMA" in U.S. dollars. Wire transfer (Fee: \$50 International/\$30 Domestic)

Check amount: \$ _____ Check # _____

Charge VISA MasterCard Amex Discover Amount: \$ _____

Acct # _____ Exp. Date _____

Cardholder: _____ Signature: _____

Please submit this completed form to the AAMA Membership Coordinator by e-mail to jsaenz@aamanet.org or by fax to (847) 303-5774.