

## AAMA Corporate Membership Application

*In submitting this application, we agree to abide by the AAMA Bylaws and to promote the objectives of AAMA.*

### Company Information

Company: \_\_\_\_\_ Business Website: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Main Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Toll Free: \_\_\_\_\_ General Email: \_\_\_\_\_  
 Company Description to be used in online member directory: \_\_\_\_\_

### Main Contact

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Username: \_\_\_\_\_ Password: \_\_\_\_\_ *(Used to access [Members Only](#), to apply discounts within the [Publication Store](#), to receive member rates for [AAMA events](#), and as the Student Log-In for purchased [FenestrationMasters Program](#) coursework.)*  
***(List any additional contacts that you would like to be included in the membership in the space provided on page 3.)***

### Additional Information

Was there a current AAMA member(s) who was influential in your decision to pursue an AAMA Membership? If so, please list below.

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Title: \_\_\_\_\_

### Participation Level

Please choose the membership category that best fits the AAMA [membership benefits](#) you prefer and the corresponding membership parameters.

#### CATEGORY 1 – NATIONAL (FULL) MEMBERSHIP

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>Residential Products Group (RPG)</b><br><input type="checkbox"/> <a href="#">Residential Window</a><br><input type="checkbox"/> <a href="#">Manufactured Housing</a> | <b>Product Interests Available with RPG or APG</b><br><input type="checkbox"/> <a href="#">Door</a><br><input type="checkbox"/> <a href="#">Skylight/Sloped Glazing</a> | <input type="checkbox"/> <b>Architectural Products Group (APG)</b><br><input type="checkbox"/> <a href="#">Architectural Window</a><br><input type="checkbox"/> <a href="#">Curtain Wall/Storefront</a> |
|--|---|---|

If choosing both Residential and Architectural Products Groups above, please indicate which is your company's primary market.  
*(Note that an additional \$500 fee applies for electing to participate in both Products Groups.)*

**Primary Products Group Support:**    Residential Products Group (RPG)       Architectural Products Group (APG)

Material Market Involvement:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <a href="#">Aluminum</a> | <input type="checkbox"/> <a href="#">Fiberglass</a>     | <input type="checkbox"/> <a href="#">Glass</a>                            |
| <input type="checkbox"/> <a href="#">Vinyl</a>    | <input type="checkbox"/> <a href="#">Wall Interface</a> | <input type="checkbox"/> <a href="#">Wood &amp; Cellulosic Composites</a> |

Regional Involvement (*may choose both regions*):    [Southeast](#)    [Western](#)

#### **AAMA Virtual Library (AVL)**

- [The AAMA Virtual Library Full Set \(Vol. 1-4\)](#) is now included with your Category 1 membership at no additional cost. Please review the [AVL License Agreement](#). By checking this box I agree to and acknowledge acceptance of the terms of the AVL License Agreement. If you would like to upgrade your company's AVL subscription to allow document printing, please complete and submit the [AVL Upgrade Form](#).

#### CATEGORY 2 – NATIONAL (LIMITED) MEMBERSHIP (\$75 million maximum annual sales volume)

Regional Involvement (*must choose at least one region*):    Southeast    Western

#### CATEGORY 3 – REGIONAL MEMBERSHIP (\$50 million maximum annual sales volume)

Must choose only one region:    Southeast    Western

**Subsidiary Company**

List any subsidiary companies to be included in the membership. *(Please list additional subsidiary companies in the space provided on page 4.)*  
 Sales volume of each is included in the reported figure *(see page 2)* for calculation of dues.

Brand Recognition Option:    Brand Recognition    None

Company: \_\_\_\_\_ Business Website: \_\_\_\_\_  
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 Main Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Toll Free: \_\_\_\_\_ General Email: \_\_\_\_\_  
 Company Description to be used in member directory: \_\_\_\_\_  
 Main Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Brand Recognition Option:    Brand Recognition    None

Company: \_\_\_\_\_ Business Website: \_\_\_\_\_  
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**Sales Volume**

**This section is required and must be completed by a Corporate Officer. (THIS INFORMATION IS KEPT STRICTLY CONFIDENTIAL.)**

I, \_\_\_\_\_ (corporate officer name and title), confirm that the following figure represents the preceding year's annual sales directly or indirectly in the residential and commercial window, door, curtain wall, storefront, sloped glazing, skylight and sunroom segments of the fenestration industry in North America for the companies being included in our AAMA membership.

**Annual Sales Volume:** \$ \_\_\_\_\_ (in U.S. dollars) **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dues Calculation**

Basic Membership Dues Amount *(Use the [Dues Schedule](#) to calculate the basic membership dues amount.....)* \$ \_\_\_\_\_  
 Support of Both Products Groups *(applies only to Category 1 members choosing dual support – add \$500).....* \$ \_\_\_\_\_  
**ANNUAL MEMBERSHIP DUES AMOUNT.....** \$ \_\_\_\_\_  
**PRO-RATED MEMBERSHIP DUES TOTAL.....** \$ \_\_\_\_\_  
*(Annual Membership Dues ÷ 12) x Number of months left in year including current month*  
**Subsidiary Brand Recognition Premium** *(Number of subsidiaries x \$1,500 one-time set-up fee) .....* \$ \_\_\_\_\_  
**Optional Contribution to AAMA's Lobbying Activities .....** \$ \_\_\_\_\_  
*AAMA anticipates that 2% of our total membership dues will support lobbying activities so, per the Omnibus Budget Reconciliation Act of 1993, 2% (i.e., \$20 per \$1,000) of your dues contribution for the current year is not tax deductible.*  
**Optional Contribution to AAMA's Research Projects .....** \$ \_\_\_\_\_  
**TOTAL PRO-RATED MEMBERSHIP DUES AND OPTIONAL CONTRIBUTIONS.....** \$ \_\_\_\_\_

**Payment of membership dues is a binding agreement for the period covered by this membership application.**

Payments or contributions to AAMA may be deductible as a business expense but are **not** deductible as charitable contributions for income tax purposes.

**Dues Billing Contact**

**Main Contact** (contact provided on page 1 of this application)
  **Accounts Payable** (please provide all contact information below)  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Payment Information**

Companies located outside of North America must include the **Non-North American Company Application Processing Fee** of **\$2,500** in the total entered below. This is a one-time application processing fee which covers the continuous life of the membership.

**Annual Total Amount Due:** \$ \_\_\_\_\_

**Please select your preferred payment method:**

**Check** – payable to “AAMA” in U.S. dollars
  **Wire transfer** (Fee: \$50 International/\$20 Domestic)
 **Direct Debit/ACH**  
 **VISA**
 **MasterCard**
 **Amex**
 **Discover**
 Acct # \_\_\_\_\_ CVV Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Cardholder (please print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

*Membership is activated upon receipt of completed application and dues payment.*

**Additional Contacts**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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**Additional Subsidiary Companies**

Sales volume of each is included in the reported figure (see page 2) for calculation of dues.

Brand Recognition Option:  Brand Recognition  None

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 Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PLEASE MAIL, FAX OR EMAIL THIS COMPLETED MEMBERSHIP APPLICATION TO: AAMA, Attn: Membership Department,  
 1900 E. Golf Rd., Suite 1250, Schaumburg, IL 60173 or FAX to (847) 303-5774 or EMAIL to [membership@aamanet.org](mailto:membership@aamanet.org)**