

**A.I.C.D**  
**MEMBERSHIP APPLICATION**

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Website: \_\_\_\_\_  
Applicant Name: \_\_\_\_\_  
Preferred Contact (If different from above): \_\_\_\_\_  
Preferred Contact Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
What are your compressor and/or product lines?

\_\_\_\_\_

What is your geographic area of responsibility?

\_\_\_\_\_

Is there ANY ownership in your company held directly or indirectly by a manufacturer of any equipment used in the compressed air industry? If yes, you will qualify as an associate member, which simply means you cannot hold a position on the board or vote on any association matters.  
( ) Yes ( ) No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LIST ADDITIONAL BRANCHES**  
**USE THE REVERSE FOR ANY MORE**

Contact: \_\_\_\_\_  
Branch Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Website: \_\_\_\_\_

Contact: \_\_\_\_\_  
Branch Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Website: \_\_\_\_\_