



Membership Application

To: AVEM International Board of Directors

The undersigned company applies for membership in the Association of Vacuum Equipment Manufacturers International, an Illinois not-for-profit corporation. If this application is accepted, we agree to pay membership dues and any other fees or assessments established by the members in accordance with provisions of the Bylaws now in force or as amended by the members in the future.

We understand that the AVEM International Bylaws define a "manufacturer" as a proprietorship, partnership or corporation which:

- a) produces vacuum equipment or has vacuum equipment produced for it; and
- b) sells such equipment under its own name and in the regular course of business.

We represent that we are a "manufacturer" of vacuum equipment as defined above.

For the purpose of establishing our annual dues for the current year, we represent that the total dollar volume of our shipments during the previous calendar year or fiscal year was in the following category:

| <i>(Check the appropriate category)</i> | <u>Annual Sales</u> | <u>2008 Annual Dues</u> |
|---|---------------------------|-------------------------|
| <input type="checkbox"/> | \$0-\$999,999 | \$520.00 |
| <input type="checkbox"/> | \$1,000,000-\$2,999,999 | \$850.00 |
| <input type="checkbox"/> | \$3,000,000-\$19,999,999 | \$1,280.00 |
| <input type="checkbox"/> | \$20,000,000-\$49,999,999 | \$2,050.00 |
| <input type="checkbox"/> | \$50,000,000 or more | \$2,500.00 |

There is a fee of \$525 for each division of an AVEM member company that has different product lines and/or is in a different geographical location from the parent company or other divisions.

- | | | |
|--------------------------|-------------------------|----------|
| <input type="checkbox"/> | Division of AVEM Member | \$525.00 |
| <input type="checkbox"/> | After July 1, 2008 | \$305.00 |

We maintain a principal place of business in the United States: Yes No

Company Name: _____

Building/Mail Stop/Street: _____

City and State/Province: _____ Zip/Postal Code: _____

Name of Voting Representative: _____ Title: _____

Telephone: _____ Fax: _____

Email: _____ Web site: _____

We agree to keep all AVEM International Consolidated Statistical Reports Confidential.

Date: _____ Signature: _____

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