



Application Form

AME Corporate Site Membership

Association for Manufacturing Excellence (AME) 3701 Algonquin Road, Suite 225, Rolling Meadows, IL 60008-3150 USA.

AME Corporate Site Memberships provides for five employees from a specific site to become full members in AME. These employees are

| | Corporate Site Membership Due | e (II C fundo) Mayin | aum - | number of m | omb | oro inclu | dina kov sa | ntoot | io fivo poorle |
|-----------|--|----------------------|-----------------|-------------|------|--------------|--------------|-----------|-----------------|
| | Annual \$1,000 Two-year \$1,800 | ` — ′ | | | emb | ers, inclu | iaing key co | ntact, | is five people. |
| | Key Contact Information: | | | | | | | | |
| | First name: | M. Initial | l: | Last nan | ne: | | | | |
| | Company: | Division/dept: | | | | | | | |
| | Job title: | | | | | | | | |
| | Address: | | | | | | | | |
| | City: State/Prov | v.: ZI | ZIP/Postal Code | | | de: Country: | | | |
| | Email: | Phone: | | | | | Fax: | | |
| | Additional Employees Contact | Information: | | | | | | | |
| | First name: | M. Initial | l: | Last nar | ne: | | | | |
| | Job title: | | | Division | /dep | ot: | | | |
| | Email: | Phone: | | | | | Fax: | | |
|) | First name: | M. Initia | l: | Last nan | ne: | | | | |
|) () | Job title: | | | Division | /dep | ot: | | | |
| i | Email: | Phone: | | | | | Fax: | | |
| | First name: | M. Initia | l: | Last nar | ne: | | | | |
|) () | Job title: | | | Division | /dep | ot: | | | |
| İ | Email: | Phone: | | | | | Fax: | | |
| | First name: | M. Initial | l: | Last nan | ne: | | | | |
| Lilpioyee | Job title: | | | Division | /dep | ot: | | | |
| | Email: | Phone: | | | | | Fax: | | |
| _ | Payment Information: You can mail a check (U.S. Funds) payable to: Association for Manufacturing Excellence or pay by credit card. Send payment to: AME, 3701 Algonquin Road, Suite 225, Rolling Meadows, IL 60008-3150 USA. | | | | | | | | |
| | Check enclosed AMEX | MasterCard | <u> </u> | VISA | | Discover | | | |
| | Account number: | | | Expiratio | n: | / | (MM/YY) | | Security cod |
| | Signature (required): | | | | | | Confiden | itial fax | : (224) 232-525 |

Payment Options

If paying by credit card or check, please mail this form to Sue Bouraoui, AME Membership Coordinator, at AME. For credit card payments you can email the form to info@ame.org or print and fax it confidentially to 1-224-232-5255.

Phone: (224) 232-5980

Confidential fax: (224) 232-5255

Email: info@ame.org

Website: ame.org