



APPLICATION FOR MEMBERSHIP

Contact Information:

First name:	Last name:	Initial:	Suffix:	(Jr., Sr., II, etc.)
Job title:	Division/dept:			
Company name:	Email:			
Business address:				
City:	State/Prov.:	Country:	Zip/Postal Code:	
Business phone:	Cell phone:	Fax:		
Home address:		Email (home):		
City:	State/Prov.:	Country:	Zip/Postal Code:	

Please submit a short biography, photo and company profile with your application.

I am applying for membership in the AME Champions Club and enclose (or authorize credit card payment of)

\$4,000 full membership

Signature: _____ Date: _____

First Associate	First name:	Last name:	Initial:	Suffix:	(Jr., Sr., II, etc.)
	Job title:	Division/dept:			
	Email:	Phone:	Fax:		
Second Associate	First name:	Last name:	Initial:	Suffix:	(Jr., Sr., II, etc.)
	Job title:	Division/dept:			
	Email:	Phone:	Fax:		
Third Associate	First name:	Last name:	Initial:	Suffix:	(Jr., Sr., II, etc.)
	Job title:	Division/dept:			
	Email:	Phone:	Fax:		
Fourth Associate	First name:	Last name:	Initial:	Suffix:	(Jr., Sr., II, etc.)
	Job title:	Division/dept:			
	Email:	Phone:	Fax:		
Fifth Associate	First name:	Last name:	Initial:	Suffix:	(Jr., Sr., II, etc.)
	Job title:	Division/dept:			
	Email:	Phone:	Fax:		

Payment Information:

Make check (U.S. funds) payable to: Association for Manufacturing Excellence
Send application and payment to: AME, 3701 Algonquin Road, Suite 225, Rolling Meadows, IL 60008 03150

Check enclosed Bill me AMEX MasterCard VISA Discover

Account number: _____ Expiration: ____ / ____ Month/Year _____ Security code (back of card) _____

Signature: _____ Purchase order number: _____



Mail application and payment to:
AME, 3701 Algonquin Road, Suite 225,
Rolling Meadows, IL 60008 03150

Phone: (224) 232-5980

Email: jczarnik@ame.org