



Application Form

AME Enterprise Wide Membership

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

AME Enterprise Wide Memberships provides **five** employees from each of your site locations in **North America** to become full members in AME. These employees are eligible to attend all AME events at member rates. Each one will need to use a **unique corporate code** to register for an AME event. Please record for each of your locations, the key contact and the four associates you want to be members.

Enterprise Wide Membership Dues: (U.S. funds) **Total number of locations:** _____
 Annual \$5,000 **Two-year \$9,500** **Three-year \$12,750**
(Fill in one form for every location)

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 VISA Discover

Account number: _____ Expiration: ____ / ____ (MM/YY) Security code _____

Signature (required): _____ Confidential fax: (224) 232-5255

Contact Information for Location:

Company: _____
 Address: _____
 City: _____ State/Prov.: _____ ZIP/Postal Code: _____ Country: _____

Key Contact	First name: _____	M. Initial: _____	Last name: _____
	Job title: _____	Division/dept: _____	
	Email: _____	Phone: _____	Fax: _____
First Employee	First name: _____	M. Initial: _____	Last name: _____
	Job title: _____	Division/dept: _____	
	Email: _____	Phone: _____	Fax: _____
Second Employee	First name: _____	M. Initial: _____	Last name: _____
	Job title: _____	Division/dept: _____	
	Email: _____	Phone: _____	Fax: _____
Third Employee	First name: _____	M. Initial: _____	Last name: _____
	Job title: _____	Division/dept: _____	
	Email: _____	Phone: _____	Fax: _____
Fourth Employee	First name: _____	M. Initial: _____	Last name: _____
	Job title: _____	Division/dept: _____	
	Email: _____	Phone: _____	Fax: _____

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**