

Application for Membership

2018



Membership | Talent Acquisition | HR Services | Background Checks | Training | Organizational Development

Grain and Feed Association of Illinois Affiliation

Name of Organization _____

Address _____ City _____ State _____ Zip Code _____

Corporate Main Phone # _____ Web Address _____ Fax # _____

Industry: (please check the appropriate box)

- Construction Distribution Finance Government Health Care Manufacturing
 Not-for-Profit Professional Retail Service Other _____

Service performed or product produced: _____

Privately held business: Yes No Publicly held business: Yes No Non-profit Yes No Government Agency: Yes No

Primary reason for joining: _____

Total Number of Full Time Equivalent Employees in Region: _____

**The applicant agrees to pay the \$358 Annual Investment
Investment is payable with this membership application**

Authorized By: _____ Title: _____ Date: _____

Visa MasterCard Discover American Express

Cardholder Name: _____

Account # _____ Exp. Date _____ / _____ Security Code _____

Payment: Credit Card — Fax this completed form to: 314-775-0000

Check — Please make check payable to AAIM Management Services and mail it with this completed form to:
AAIM EA • P.O. Box 790379 • St. Louis, MO 63179

EIN: 43-0493922

Contact Information

Primary Contact

Name _____ Title _____
Address _____ City _____ State _____ Zip _____
Direct Phone _____ Fax _____ Email _____

Billing Contact (If different from Primary Contact)

Name _____ Title _____
Address _____ City _____ State _____ Zip _____
Direct Phone _____ Fax _____ Email _____

Top Executive, CEO, President

Name _____ Title _____
Direct Phone _____ Fax _____ Email _____

Top Financial, CFO

Name _____ Title _____
Direct Phone _____ Fax _____ Email _____