

Application for Entrepreneur Membership

2015



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

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 \$318 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 or mail to:
AAIM Employers' Association, 1600 S. Brentwood Blvd, Suite 400, St. Louis, MO 63144

Check — Please make check payable to AAIM Employers' Association and mail it with this completed form to:
AAIM Employers' Association, P.O. Box 790379, St. Louis, MO 63179

EIN: 43-0493922

2015 EntApp.11.14

St Louis Office:

1600 S. Brentwood Blvd | Suite 400 | St. Louis, MO 63144 | O: 314.968.3600 | aaimea.org

Peoria Office:

401 NE Jefferson Ave | Peoria, IL 61603 | O: 309.637.3333 | aaimea.org

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				