AACEM
American Association of Cleaning Equipment Manufacturers

APPLICATION FOR MEMBERSHIP

Company Name: _____

1. Executive Committee Representative:_____
(Must be the CEO, President, or other senior management representative.)

Title: _____

Address: _____

City/State/Zip: _____

E-mail: _____ Phone: _____

2. Technical Committee Representative: _____

Address: _____

City/State/Zip: _____

E-mail: _____ Phone: _____

3. Company Type: _____

Product Lines: _____

4. Signature/Date: _____

Print Name: _____