

# AEM

## *ASSOCIATED EARTH MOVERS, INC*

### MEMBERSHIP APPLICATION

Please fill out and return with your two checks for Contract Administrative Fund and AEM Inc.

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business City \_\_\_\_\_ County \_\_\_\_\_

Name and Address of Owner(s) and or Officers

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Work performed by your company

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Counties you perform work in

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List labor contracts your company is signatory to

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Operators Employed \_\_\_\_\_

Number of operators based on previous year's July IUOE Local 139 fringe benefit report.

1 – 9 Operators Initiation Fee \$2,500

10 or more Operators Initiation Fee \$5,000

Annual Dues \$250.00

I/We support the general purposes and goals of the association.    Yes    No

Signature \_\_\_\_\_ Date \_\_\_\_\_