

EQUIPMENT AND TOOL INSTITUTE

37899 W. 12 Mile Road, Suite220
Farmington Hills, MI 48331
248-656-5080 • www.ertools.org



**Serving the Automotive Service
Industry since 1947**

Associate Member Application

This application consists of two parts. Once you have completed this general Information section, please continue with the Membership Information Section. We **MUST** have both sections in order to process your application for membership.

General Information Section

We hereby apply for associate membership in the Equipment and Tool Institute (ETI). The information supplied in this application is for the confidential use of the ETI Marketing Committee.

Company Name _____

Company URL _____

Street Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

New Member Returning former Member

1. Please describe your company? What do you make or what services do you provide?

2. Please list the main reason(s) you are applying for associate membership in ETI.

3. Do you plan to participate in ETI's annual marketing meeting, ToolTech?

Yes Maybe No

4. The annual dues classification for associate members is based your company's annual revenue. Please check the appropriate category for your company.

NEW associate member dues:

<u>Annual Revenue</u>	<u>Dues</u>
<input type="checkbox"/> Under \$10,000,000	\$ 500
<input type="checkbox"/> \$10,000,000 to \$49,999,999	\$ 1000
<input type="checkbox"/> \$50,000,000 and over	\$ 2000

RETURNING associate member dues:

<u>Annual Revenue</u>	<u>Dues</u>
<input type="checkbox"/> Under \$10,000,000	\$ 1000
<input type="checkbox"/> \$10,000,000 to \$49,999,999	\$ 2000
<input type="checkbox"/> \$50,000,000 and over	\$ 4000

Membership dues are payable annually, and cover the calendar year in which they are paid. A check for the first year's annual dues should be included with this application or paid for on-line at <http://etools.org/payment-center>.

• Dues submitted \$ _____

It is our understanding that in the event we do not qualify for membership and our application is not accepted, the full amount of our check will be refunded and the application and other data submitted will be returned.

(signature of representative making application)

Membership Information Section

The information you provide in this section will be used to create your membership records in our database. You need to designate a delegate for your company that will act as the main point of contact for ETI. You will also need to designate one alternate delegate.

Delegate Information

Name _____ Title _____
Phone (____) _____ Email _____
Fax (____) _____ Mobile (____) _____
Address (if different from corporate address) _____
City _____ State _____ Zip _____

Alternate Delegate Information

Name _____ Title _____
Phone (____) _____ Email _____
Fax (____) _____ Mobile (____) _____
Address (if different from corporate address) _____
City _____ State _____ Zip _____

Account Receivables Information

Who should receive the invoice for membership dues?

- Main delegate listed Other as listed below

Name _____ Title _____

Phone (____) _____ Email _____

Fax (____) _____ Mobile (____) _____

Address (if different from corporate address) _____

City _____ State _____ Zip _____

Product Listing Information

Please check all the products/services that you manufacture/market. The information that you provide will be used to direct customer inquiries to your company. Your company will also be referenced by product on www.ertools.org.

- | | |
|---|--|
| <input type="checkbox"/> A/C Service Equipment | <input type="checkbox"/> Reprogramming/Pass-Thru Devices |
| <input type="checkbox"/> ADAS Scan Tools | <input type="checkbox"/> Scan Tools/Diagnostic Tools |
| <input type="checkbox"/> ADAS Test Equipment | <input type="checkbox"/> Service Repair Information |
| <input type="checkbox"/> Automotive Repair Software | <input type="checkbox"/> Shop Management |
| <input type="checkbox"/> Battery Charging/Testing Equipment | <input type="checkbox"/> Smoke/Leak Detection Equipment |
| <input type="checkbox"/> Battery Diagnostics | <input type="checkbox"/> Specification Data for Collision |
| <input type="checkbox"/> Benches | <input type="checkbox"/> Spray Booth |
| <input type="checkbox"/> Brake Service Equipment | <input type="checkbox"/> Telematics – Consumer Vehicle |
| <input type="checkbox"/> Code Readers | <input type="checkbox"/> Telematics – Data Management |
| <input type="checkbox"/> Diagnostic Tech Support | <input type="checkbox"/> Telematics – Diagnostics Reporting |
| <input type="checkbox"/> Electric/PHEV Batteries | <input type="checkbox"/> Telematics – Fleet Management |
| <input type="checkbox"/> Estimating Software | <input type="checkbox"/> Telematics – Predictive Maintenance |
| <input type="checkbox"/> Frame Equipment | <input type="checkbox"/> Telematics – Security |
| <input type="checkbox"/> Hand Tools | <input type="checkbox"/> Telematics – Usage Based Insurance |
| <input type="checkbox"/> Heavy Duty Tools and Equipment | <input type="checkbox"/> Tire Service Equipment |
| <input type="checkbox"/> Induction Heaters | <input type="checkbox"/> Trade Press/Media |
| <input type="checkbox"/> Key Programming Tools | <input type="checkbox"/> Training |
| <input type="checkbox"/> Lifts | <input type="checkbox"/> Training Software |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Welders |
| <input type="checkbox"/> Measuring Systems | <input type="checkbox"/> Wheel Service/Alignment Equipment |
| <input type="checkbox"/> OBD-II Data Loggers | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Pre-Post Collision Scanning Tools | |

Corporate Officer Information

Please list the full names of all corporate officers that would like to be included in the ETI database.

Name _____	Title _____	Email _____
Name _____	Title _____	Email _____
Name _____	Title _____	Email _____
Name _____	Title _____	Email _____

Authorization

As a duly authorized representative of my company, I approve and authorize the inclusion of the information on this form in the Equipment and Tool Institute's (ETI) database and its use in the Institute's Membership Roster, "*Who's Who in Service Tools and Equipment*", and other ETI publications and programs. By signing this application, we agree to pay the annual dues each year within the required timeframe.

Name _____ Title _____
(Please print or type)

Signature _____ Date _____

Please submit completed application to: ETI, 37899 W. 12 Mile Rd., Suite 220, Farmington Hills, MI. 48331, or email to info@etools.org.