

EQUIPMENT AND TOOL INSTITUTE

37899 W. 12 Mile Rd. Suite 220, Farmington Hills, MI 48331
248-656-5080 • www.ertools.org



**Serving the Automotive Service
Industry since 1947**

Full 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

As a manufacturer, potential manufacturer or proprietary marketer of automotive aftermarket service equipment or service repair tools which we distribute in North America or as a service repair information provider for the transportation industry, we hereby apply for 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 * Associate member wishing to upgrade

1. We are a:

- Manufacturer or information provider
- Potential manufacturer or information provider
- Proprietary marketer

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

3. Which of the following are you planning to participate in?

- | | | | |
|---------------------------|------------------------------|--------------------------------|-----------------------------|
| ToolTech / Annual Meeting | <input type="checkbox"/> Yes | <input type="checkbox"/> Maybe | <input type="checkbox"/> No |
| Summer Tech Week | <input type="checkbox"/> Yes | <input type="checkbox"/> Maybe | <input type="checkbox"/> No |
| Winter Tech Week | <input type="checkbox"/> Yes | <input type="checkbox"/> Maybe | <input type="checkbox"/> No |

4. The annual dues classification is based on annual sales of automotive equipment and tools in North America only for the previous year. Please check the appropriate category for your company.

Annual Sales In North America	Annual Dues
<input type="checkbox"/> Under \$10,000,000	\$ 3,500*
<input type="checkbox"/> \$10,000,000 to \$49,999,999	6,000*
<input type="checkbox"/> \$50,000,000 and over	9,000*

***Includes 1 free ToolTech registration**

Additional fees: You can belong to one vertical group for no additional charge. If you would like to join more than one vertical group there will be a \$500 charge for each additional vertical group. Also, there is a \$5,000 administrative charge for companies that wish to belong to the Scan Tool Group.

Membership dues are payable annually, one full year in advance. Dues for new members will be prorated for the second year and then billed on the yearly basis thereafter. A check for the first year's annual dues should be attached to this application. The check must also include any applicable vertical group/scan tool fees. Alternatively, you can go to: <http://etools.org/payment-center> and pay your dues using your credit card.

- Dues submitted \$ _____
- Vertical Group Fees (first is free, each additional \$ _____
is \$500 per group)
 - Collision Repair Group
 - Scan Tool Group
 - Shop Management & Information Software Group
 - Mechanical Systems Group
- Scan Tool Group Administrative Fee(\$5000) \$ _____
- Total 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.

* Members who leave the Institute for any reason and wish to return, must reapply for membership. If you are returning within two years of the date you resigned, you may be required to pay dues for the years you were not a member. The purpose of this policy is make sure that permanent members are not penalized for their constant support for the organization.

(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 _____

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 _____

Vertical Group and Committee Member Information

As a member company you can select individuals from your company to sit on committees or participate in any vertical group your company is involved in. You can designate up to four representatives for each. Please make sure to include **all** the requested information. Please notify the representatives that they are being listed. If you need more sheets, please photocopy this page.

- Programs Committee
 Scan Tool Group
 Collision Repair Group

- Marketing Committee
 Mechanical Systems Group
 Service Information Group

Name _____ Title _____

Phone (____) _____ Email _____

Address (if different from corporate address) _____

City _____ State _____ Zip _____

- Programs Committee
 Scan Tool Group
 Collision Repair Group

- Marketing Committee
 Mechanical Systems Group
 Service Information Group

Name _____ Title _____

Phone (____) _____ Email _____

Address (if different from corporate address) _____

City _____ State _____ Zip _____

- Programs Committee
 Scan Tool Group
 Collision Repair Group

- Marketing Committee
 Mechanical Systems Group
 Service Information Group

Name _____ Title _____

Phone (____) _____ Email _____

Address (if different from corporate address) _____

City _____ State _____ Zip _____

- Programs Committee
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Name _____ Title _____

Phone (____) _____ Email _____

Address (if different from corporate address) _____

City _____ State _____ Zip _____

- Programs Committee
 Scan Tool Group
 Collision Repair Group

- Marketing Committee
 Mechanical Systems Group
 Service Information Group

Name _____ Title _____

Phone (____) _____ Email _____

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 inquires to your company. Your company will also be referenced by product on www.etoools.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 | |

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 A220
Farmington Hills, MI. 48331
or email to info@etoools.org.