



## **Membership Application 2023-2024**

**Dear Prospective EAM Member:**

To apply for membership in EAM, please complete the form and email to [nikki.smith@meiusa.com](mailto:nikki.smith@meiusa.com)

**Credit Card Payments:** Click [here](#) to make credit card payment via PayPal.

**Mail Check Payment to:**

Elevator Association of Minnesota  
2333 Waters Dr, Mendota Heights, MN 55120

**Payment is due September 1, 2023**

**Articles of Incorporation – Article II:** The organization is established exclusively to improve conditions in the industry served by its members through the stimulation of cooperation in the handling of all matters in connection with the erection, repair, and maintenance of elevators, escalators, dumbwaiters and moving walkways.

**Fiscal Year:** September 1 – August 31

**Annual Meeting:** Friday, Sept 8, 2023-Marriott Minneapolis Airport 7:00am – 9:45am



## Elevator Association of Minnesota, Inc.

2333 Waters Dr • Mendota Heights, MN 55120

Type of Membership	Annual Dues	Member Classification / Benefits
<input type="checkbox"/> <b>Individual</b>	\$ 75	<input type="checkbox"/> Regular Member (MN office required) <input type="checkbox"/> Associate Member (affiliated with elevator industry) <input type="checkbox"/> Professional (Honorary) Member Benefits: No Charge to attend Annual Meeting Reduced cost for Education Seminars (est. twice/yr.), Event (June golf) and Holiday networking event
<input type="checkbox"/> <b>Corporate</b>	\$ 375	<input type="checkbox"/> Regular Member (MN office required) <input type="checkbox"/> Associate Member (affiliated with elevator industry) <input type="checkbox"/> Professional (Honorary) Member Benefits: Same as for the Individual Membership, plus: Reduced cost for meetings for unlimited # of employees

Individual Information			
Prefix: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other			
First Name:	MI:	Last Name:	Suffix:
Home Phone:		Cell Phone:	

Corporation Information		(If not employed by Corporation, please fill appropriate information below)
Company Name:		
Your Title:		
Address 1:		
Address 2:		
City/State/Zip/Country		
Work Phone :		Cell Phone:
Email		
Company Website:		
Type of Business	<input type="checkbox"/> Contractor <input type="checkbox"/> Supplier <input type="checkbox"/> Professional <input type="checkbox"/> Retired from Industry	

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Deadline: September 1, 2023

To renew your membership in EAM, please complete the form, print, sign and email to  
 nikki.smith@meiusa.com