



Elevator Association of Minnesota, Inc.

2333 Waters Dr • Mendota Heights, MN 55120

Membership Application 2020-2021

Dear Prospective EAM Member:

To apply for membership in EAM, please complete the form and email to Jennifer.Engelen@highland-electric.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, 2020

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: The Annual Meeting will be held the morning of the golf outing on August, 27 for the Board Members only. It was decided that renting a room for a large group meeting and then trying to do a Zoom presentation was not in the best interest of the group. With all the talk of a resurgence of COVID-19 in the fall, the Board did not feel we should commit to a large meeting. Voting for new Board Members and Officers will be done via proxy.



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Type of Membership	Annual Dues	Member Classification / Benefits
<input type="checkbox"/> Individual	\$ 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"/> Corporate	\$ 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: Mr. Ms. Mrs. 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, 2020

To renew your membership in EAM, please complete the form, print, sign and email to Jennifer.Engelen@highland-electric.com