



Elevator Association of Minnesota, Inc.

2333 Waters Dr • Mendota Heights, MN 55120

Membership Renewal Application 2018-2019

Dear EAM Member:

It is time to renew your membership for the Elevator Association of Minnesota. Payment is due by September 1 for the 2018-2019 membership. Please take the time to fill out your annual membership form and include a list of representatives along with their email so we can keep our files updated.

Annual Meeting: Friday, Sept 7, 2018 @ Hilton Msp/St Paul Airport 7:00am – 9:30am:

Event details will be emailed out separately.

To renew your membership in EAM, please complete the form below 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, 2018

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

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)



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		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:	<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			
Phone :		Cell:	
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, 2018

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 Jennifer.Engelen@highland-electric.com