

3819 N. State Route 23, Suite F, Marengo, IL 60152 815-520-1933 • www.etools.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
<ul> <li>New Member  Returning</li> <li>We are a:</li> <li>Manufacturer or inform</li> <li>Potential manufacturer</li> <li>Proprietary marketer</li> </ul>	ation provider		ate member wishing to upgrade
<ol> <li>Please list the main reason(s) you are applying for membership in ETI.</li> <li></li></ol>			
3. Which of the following are	you planning to	participating	in?
ToolTech / Annual Meeting Summer Tech Week Winter Tech Week	g ∏Yes ∏Yes ∏Yes	☐Maybe	□No □No □No
<ol> <li>The annual dues classification tools in North America online category for your company</li> </ol>	y for the previou		of automotive equipment and e check the appropriate

Anı	nual Sales	Annual
<u>In I</u>	North America	Dues
	Under \$10,000,000	\$ 5,000
	\$10,000,000 to \$49,999,999	7,000
	\$50,000,000 and over	10,000

*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 \$2,500 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: <a href="http://etools.org/payment-center">http://etools.org/payment-center</a> and pay your using your credit card.

•	Dues submitted	\$
•	Vertical Group Fees (first is free, each additional is \$500 per group)	\$
	<ul> <li>□Collision Repair Group</li> <li>□Scan Tool Group</li> <li>□Shop Management &amp; Information Software C</li> <li>□Mechanical Systems Group</li> </ul>	Group
•	Scan Tool Group Administrative Fee(\$2500)	\$
	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 Deleg	gate Information		
Name	Title		
Phone ()	Email		
Fax ()	Mobile ()		
Address (if different from corporate address) _			
City State	Zip		
Account Receiva	ables Information		
Who should receive the invoice for membershi	p dues?		
☐ Main delegate listed ☐ Other	as listed below		
Name	Title		
Phone ()	Email		
Fax ()	Mobile ()		
Address (if different from corporate address) _			
City State	Zip		
Corporate Offic	cer 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 ☐Shop Management & Information S	oftware Group
Name	Title	
Phone ()	Email	
Address (if different from co	orporate address)	
City	State	Zip
□Programs Committee □Scan Tool Group □Collision Repair Group	☐Marketing Committee ☐Mechanical Systems Group ☐Shop Management & Information S	
	Title	
	Email	
·	orporate address)	
City	State	Zıp
□Programs Committee □Scan Tool Group □Collision Repair Group	☐Mechanical Systems Group ☐Shop Management & Information S	
	Title	
	Email	
	orporate address)	
City	State	Zip
Programs Committee Scan Tool Group Collision Repair Group Name	☐Marketing Committee ☐Mechanical Systems Group ☐Shop Management & Information S Title	•
Phone ()		
·	prporate address)	
	State	
	0.000	<sup>2</sup> .p
Programs Committee		
☐Scan Tool Group ☐Collision Repair Group	Marketing Committee Mechanical Systems Group Shop Management & Information S	·
□Collision Repair Group Name	Mechanical Systems Group Shop Management & Information S Title	
□Collision Repair Group Name Phone ()	Mechanical Systems Group Shop Management & Information S Title Email	
□Collision Repair Group Name Phone () Address (if different from co	Mechanical Systems Group Shop Management & Information S Title	

#### **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.etools.org.

	Air Compressors		Machine Shop Tools and Equipment
Ц	Air Conditioning Recycling/Recharging	님	Mechanic's Hand Tools
Ш	Automatic Transmission Testing Tools and	님	OEM Special Tools and Equipment
	Equipment	님	Oil Recovery Equipment
H	Automotive Lift Systems and Services	님	Power Enhancement Systems
님	Automotive Technician Work Place Furniture	님	Power Tools; Air
H	Battery Charging and Testing Equipment	브	Power Tools; Electric
H	Body Measuring Tools and Equipment		Repair Estimating Guides
Ш	Body Refinishing and Paint Tools and		Repair Manuals (Electronic or Paper)
	Equipment		Scan Tools
H	Body Straightening Tools and Equipment		Scuff Gauges
H	Brake Efficiency Testers		Shop Management Software
H	Brake Lathes		Smoke Meters
H	Brake Service Tools and Equipment		Speedometer Testers
H	Car Wash Equipment		Suspension Testers
	Collision Damage Estimating (Books or Software)		Telematics
	Diesel Smoke Meters		Tire Changing Equipment
H	Dynamometers		Tire Correction Equipment
H	Emissions Testing Equipment		Tool Carts
H	Engine Braking Systems		Torque Converter Flushers
H	Engine Cleaners and Cleaning Equipment		Training Programs
H	Engine Coolant Recovery and Recycling		Vacuum Cleaners
	Equipment		Vehicle Computer Interface Adapters
	Engine Performance Testing		Vehicle Computer Reprogramming Equipment
Η	Headlight System Testers		Welding Equipment
Η	Heavy Duty Vehicle Collision Repair		Wheel Alignment Equipment
	Equipment		Wheel Balancing Equipment
	Injector Cleaners and Equipment		Work Benches
П	Leak Detectors	Oth	ner
ī	Lubrication Tools and Equipment		

#### 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	э)
Signature	Date
Please submit completed application to: E	TI, 3819 N State Route 23, Suite F, Marengo, IL 60152, or email to