



# MANUFACTURER MEMBER APPLICATION

2025 M ST NW, Suite 800, Washington, D.C. 20036 ■ P: 202.367.1136 ■ F: 312.673.6292 ■ jinks@americanladderinstitute.org ■ americanladderinstitute.org

## DUES CATEGORY

Dues are based upon your company's total annual sales of ladders, planks, stages, step stools and swing scaffolds and related accessories, for the previous calendar year –whether manufactured by you or sold, or purchased from another manufacturer or resold. ALI's fiscal year is from January 1 – December 31.

Annual Sales	Annual Dues
<input type="checkbox"/> 2.5 Million and Below	\$2,600
<input type="checkbox"/> 2.5 - 5 Million	\$6,000
<input type="checkbox"/> 5 - 10 Million	\$10,000
<input type="checkbox"/> 10 - 25 Million	\$14,000
<input type="checkbox"/> 25 - 50 Million	\$19,000
<input type="checkbox"/> 50 - 100 Million	\$24,000
<input type="checkbox"/> 100 Million +	\$29,000

## PAYMENT

Note: U.S. banks or draft on U.S. banks only. Please select the appropriate dues category above, sign below and make your payment either by credit card or check.

### BY CREDIT CARD: (fax to: 312/673-6929)

VISA       MasterCard       AMEX

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Card Holder (print) \_\_\_\_\_

Signature \_\_\_\_\_

### BY CHECK, send to:

**American Ladder Institute**  
401 North Michigan Avenue, Suite 2200, Chicago, IL 60611

## BUSINESS INFORMATION

Types of ladders manufactured:

	<u>Step</u>	<u>Extension</u>	<u>Combination</u>
<input type="checkbox"/> Wood	{ }	{ }	{ }
<input type="checkbox"/> Metal	{ }	{ }	{ }
<input type="checkbox"/> Fiberglass	{ }	{ }	{ }
<input type="checkbox"/> Stepstool	{ }	{ }	{ }

Other products manufactured: \_\_\_\_\_

Locations where your company manufactures ladders: \_\_\_\_\_

Year in which your company first started manufacturing and selling ladders: \_\_\_\_\_

Names of (2) current ALI Members who are known to your company:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

## COMPANY INFORMATION

Tell us about your company and your employees to begin receiving your membership benefits:

### MAIN LOCATION

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Web Address \_\_\_\_\_

Main E-mail \_\_\_\_\_

Phone Number \_\_\_\_\_

Toll Free \_\_\_\_\_

Fax \_\_\_\_\_

### MAIN LOCATION KEY CONTACT:

Name \_\_\_\_\_

E-mail \_\_\_\_\_

Title \_\_\_\_\_

### MAIN LOCATION INDIVIDUALS

Please include names, titles and complete e-mail addresses for all individuals to receive membership benefits:

Name \_\_\_\_\_

Title \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

E-mail Address \_\_\_\_\_