



AEP Membership Application 2012-2013

New _____

Renewal _____

Organization _____

Address _____

URL _____

Phone _____ Fax _____

Primary Contact _____

Title _____

Email _____

Membership is organizational, and every employee under a member company has access to member benefits and services. Each company must have a primary contact responsible for renewing membership, updating company information, and maintaining the member roster.

Dues Categories:

This membership refers only to the portion of revenue derived from the education market.

I. Corporate Membership: Please select the appropriate revenue category to calculate your dues. The maximum dues amount is \$46,085. If your revenue exceeds \$250 Million, please do not count this in your calculation.

Up to \$100 Million: \$1,085 plus \$.35 per Thousand

_____ (revenue in thousands) x \$.35 + \$1,085 = Annual dues of \$ _____

\$100-250 Million: \$1,085 plus \$.18 per Thousand

_____ (revenue in thousands) x \$.18 + \$1,085 = Annual dues of \$ _____

2. Non-profit & School Membership: \$755 plus \$.17 per Thousand

_____ (revenue in thousands) x \$.17 + \$755 = Annual dues of \$_____

3. Affiliate Membership: (For service providers to the educational publishing industry)

Please circle the appropriate range based upon annual revenue.

- | | | | |
|---------------------|---------|---------------------|----------|
| • Up to \$1 Million | \$1,325 | \$10-20 Million | \$6,965 |
| • \$1-3 Million | \$2,335 | \$20-30 Million | \$7,075 |
| • \$3-5 Million | \$4,150 | \$30-40 Million | \$7,235 |
| • \$5-7 Million | \$4,285 | \$40-50 Million | \$7,385 |
| • \$7-10 Million | \$4,420 | \$Over \$50 Million | \$15,015 |

4. Freelance/Independent Membership: (sole proprietor) Annual dues \$390

5. Teacher: Annual dues \$85

6. Student: Annual dues \$85

Payment Information: Depending upon billing choice, an invoice or receipt will be emailed to the key contact listed on the first page. Please return this form by email to Colleen Quigley at cquigley@aeplib.org, by fax to 302-656-2918, or by mail at the address listed below.

Invoice me _____ Check enclosed _____ Visa _____ MasterCard _____ Amex _____

Cardholder Name _____

Card Number _____ Exp ____/____

Security Code _____ Billing zip code _____

Signature _____ Date ____/____/____