

# Electronics Representatives Association (ERA) Membership Application

WE HEREBY APPLY FOR MEMBERSHIP IN THE NATIONAL and \_\_\_\_\_ CHAPTER of the Electronics Representatives Association. (Chapter membership is optional.) We state that we have and will continue to abide by the rules of conduct as stated in the Code of Ethics of the Association.

**If mailing  
or handing in this application,  
please attach your  
company business card  
HERE.**

Company \_\_\_\_\_  
Year of Company Inception \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Country \_\_\_\_\_  
Phone(s) (    ) \_\_\_\_\_ (    ) \_\_\_\_\_  
FAX (    ) \_\_\_\_\_ Co. E-Mail \_\_\_\_\_  
URL \_\_\_\_\_

• **OWNER / OFFICER INFORMATION:**

Name	Title	E-mail Address
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

• **NUMBER OF FULL TIME SALESPEOPLE:** Outside \_\_\_\_\_; Inside \_\_\_\_\_; Office Staff \_\_\_\_\_.  
Total full-time emps., incl. owners and/or officers: \_\_\_\_\_.

National dues are required for all full-time employees (30 or more hours per week, including all secretarial, clerical, sales, etc.). This figure will be published in your Locator listing.

• **ADDITIONAL FACILITIES** (Please check applicable numbers):

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Warehouse                    | <input type="checkbox"/> 5. Application Engineering |
| <input type="checkbox"/> 2. Computerized Mailing/Reports | <input type="checkbox"/> 6. Service Department      |
| <input type="checkbox"/> 3. Collection & Credit          | <input type="checkbox"/> 7. Demonstration Room      |
| <input type="checkbox"/> 4. Distribution                 | <input type="checkbox"/> 8. Demonstration Van       |

• **SALES TERRITORY BY STATE / PARTIAL STATE:**

\_\_\_\_\_

• **BRANCH OFFICES:**

1. Address/City/Code/Country \_\_\_\_\_  
Branch Manager's Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone (    ) \_\_\_\_\_ FAX (    ) \_\_\_\_\_
2. Address/City/Code/Country \_\_\_\_\_  
Branch Manager's Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone (    ) \_\_\_\_\_ FAX (    ) \_\_\_\_\_
3. Address/City/Code/Country \_\_\_\_\_  
Branch Manager's Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone (    ) \_\_\_\_\_ FAX (    ) \_\_\_\_\_

**To make sure your database listing is accurate, please complete ALL sections of this application!**

• **PRODUCT MARKETING GROUPS:** Your membership includes a database and Locator listing in one [1] group; listings in additional groups are \$40 each. Please check your firm's Marketing Group(s), enter the **approximate % of your firm's annual total sales in each group**, and check the appropriate product categories within each group.

<input type="checkbox"/> COMPONENTS ___%	<input type="checkbox"/> COMPUTER ___%	<input type="checkbox"/> COMMUNICATIONS ___%	<input type="checkbox"/> CONSUMER ELECTRONICS ___%
<input type="checkbox"/> Passive Components <input type="checkbox"/> Interconnect <input type="checkbox"/> Power Sources & Mgt. <input type="checkbox"/> Manufacturing Services	<input type="checkbox"/> Small Office/Home Office <input type="checkbox"/> LAN Products <input type="checkbox"/> Multimedia & Graphics <input type="checkbox"/> Telecommunications	<input type="checkbox"/> Land Mobile Radio <input type="checkbox"/> Microwave Comm. Systems <input type="checkbox"/> Marine <input type="checkbox"/> Satellite <input type="checkbox"/> Cellular <input type="checkbox"/> Telecommunications <input type="checkbox"/> Avionics <input type="checkbox"/> Telephone Equipment <input type="checkbox"/> Radio Datacom <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Wireless PCS	<input type="checkbox"/> Consumer Audio <input type="checkbox"/> Consumer Video <input type="checkbox"/> Personal Entertainment <input type="checkbox"/> Personal Communications <input type="checkbox"/> Automotive Electronics <input type="checkbox"/> Accessories <input type="checkbox"/> PCs/Video Games
<input type="checkbox"/> SEMICONDUCTORS ___%			
<input type="checkbox"/> ELECTRONIC SYSTEMS INTEGRATION ___%	<input type="checkbox"/> INSTRUMENTATION, AUTOMATION & CONTROLS ___%	<input type="checkbox"/> MATERIALS, ASSEMBLY, PRODUCTION & SUPPLY ___%	<input type="checkbox"/> RF/MICROWAVE & WIRELESS ___%
<input type="checkbox"/> Sound <input type="checkbox"/> Audio/Visual <input type="checkbox"/> Electronic Security	<input type="checkbox"/> Sensors <input type="checkbox"/> Data Acquisition & Control Systems <input type="checkbox"/> Test & Measurement Instruments <input type="checkbox"/> Quality/Production Test/ATE	<input type="checkbox"/> Capital Equipment <input type="checkbox"/> Circuit Card Assembly <input type="checkbox"/> Contract Manufacturing <input type="checkbox"/> Printed Circuit Fabrication	<input type="checkbox"/> Components & Sub-Assemblies <input type="checkbox"/> Discrete Devices <input type="checkbox"/> Transmission Lines <input type="checkbox"/> Microwave IC <input type="checkbox"/> Specialized Instrumentation

• **CUSTOMER BASES** (Please check those applicable)

<input type="checkbox"/> 1. Industrial/OEM	<input type="checkbox"/> 7. Buying Groups	<input type="checkbox"/> 13. Broadcast/Studio
<input type="checkbox"/> 2. End User	<input type="checkbox"/> 8. Department Stores	<input type="checkbox"/> 14. Government
<input type="checkbox"/> 3. Distributor/Wholesaler	<input type="checkbox"/> 9. Mass Merchandisers/Chains	<input type="checkbox"/> 15. Educational
<input type="checkbox"/> 4. Retailer/Dealer	<input type="checkbox"/> 10. Public Utilities	<input type="checkbox"/> 16. Medical
<input type="checkbox"/> 5. Value Added Reseller (VAR)	<input type="checkbox"/> 11. Telephone Operating Companies-OSP/ISP	<input type="checkbox"/> 17. Avionics
<input type="checkbox"/> 6. Contractor/Installer	<input type="checkbox"/> 12. Military/Aerospace	<input type="checkbox"/> 18. Institutions

**THIS SECTION MUST BE COMPLETED FOR APPLICATION APPROVAL:**

• **ELECTRONICS MANUFACTURERS REPRESENTED:**

1. Company \_\_\_\_\_ Represented Since \_\_\_\_\_  
 Address/City/Code/Country \_\_\_\_\_  
 Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_ E-mail \_\_\_\_\_  
 Products \_\_\_\_\_ Contact Name \_\_\_\_\_

2. Company \_\_\_\_\_ Represented Since \_\_\_\_\_  
 Address/City/Code/Country \_\_\_\_\_  
 Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_ E-mail \_\_\_\_\_  
 Products \_\_\_\_\_ Contact Name \_\_\_\_\_

SEE NEXT PAGE for dues payment information. Payment must accompany application.



## ERA National Code of Ethics

The Electronics Representatives Association of manufacturers' representatives in the electronics industry was established to serve our industry, principals and customers and to foster member interaction with one another in a professional and constructive manner.

• **Conduct**

Representatives will conduct themselves and their businesses in a professional and honorable manner that reflects credit upon themselves, the manufacturer, customer, association, other manufacturers' representatives and the entire industry.

• **Contracts**

Representatives will respect and honor the negotiated contracts of principals represented. They will refrain from deception or misrepresentation of any price or product, or concealing pertinent facts. They will give the same service to customers and principals that they expect from their own organization.

• **Support**

Representatives will support the efforts of their colleagues, chapters and international association to set standards for their profession through example, education and training to promote and protect the free enterprise system.

• **Honor**

Whereas it is acceptable and routine for manufacturers' representatives to advertise and promote their capabilities, a representative should refrain from soliciting manufacturers with the objective of encouraging a principal to break a contractual relationship with another representative.

• **Respect**

A representative shall not directly or indirectly solicit the services or affiliation of an employee of another representative without proper notice to the other organization.

• **Confidentiality**

Representatives will respect the confidentiality entrusted to them by principals, distributors, customers and fellow representatives.

**I hereby state that the information given in this application is, to the best of my knowledge, factual and true, and that our company agrees to uphold this Code of Ethics.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

ERA/Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

signature

• **DUES PAYMENT INFORMATION**

BEFORE SENDING IN THIS APPLICATION, PLEASE CALL 800-776-7377 OR 312-527-3050 FOR YOUR ANNUAL DUES AMOUNT FOR NATIONAL ONLY OR NATIONAL AND CHAPTER MEMBERSHIP. PAYMENT MUST ACCOMPANY APPLICATION.

DUES PAYMENT MAY BE MADE BY CHECK OR CREDIT CARD:

Total payment enclosed: \$ \_\_\_\_\_

Check enclosed OR Credit card:  AMEX  VISA  MC  DISCOVER  DINERS

Credit card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I hereby authorize ERA to send me faxes and/or e-mails containing association-related information.

Cardholder Signature: \_\_\_\_\_



### ELECTRONICS REPRESENTATIVES ASSOCIATION

300 W. Adams St., #617 • Chicago, IL 60606 • 800-776-7377 / 312-527-3050 • Fax: 800-372-3227 / 312-527-3783  
E-Mail: info@era.org • URL: www.era.org



**Electronics Representatives Association International**  
**New York Chapter**



**2009 Dues Schedule**

Please mail all applications and dues to:

ERA National  
 300 W. Adams St., #617  
 Chicago, IL 60606  
 Tel: 800/776-7377 - 312/527-3050 - Fax: 800/372-3227 - 312/527-3783  
 ~ or ~  
 Fax application with credit card info to: 800/372-3227 - 312/527-3783

	Employees													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Annual Dues	400	460	545	630	690	750	810	870	930	990	1050	1110	1170	1230
App fee	100	100	100	100	100	100	100	100	100	100	100	100	100	100
<b>Total</b>	<b>500</b>	<b>560</b>	<b>645</b>	<b>730</b>	<b>790</b>	<b>850</b>	<b>910</b>	<b>970</b>	<b>1030</b>	<b>1090</b>	<b>1150</b>	<b>1210</b>	<b>1270</b>	<b>1330</b>

Dues are calculated based on the number of full-time employees listed on your application, and include participation in one (1) product marketing group (*see membership application for detailed information on product marketing groups*) and a \$48.00, one-year subscription the *The Representor* magazine. The ERA dues year runs from 11/1 - 10/31.

**Visit the ERA International web site for more details on member benefits and services:**  
**[www.era.org](http://www.era.org)**