



ERA membership dues - Spirit of St. Louis Chapter

You are eligible for membership in the Spirit of St. Louis Chapter ERA if your main office is located in:
Iowa; Missouri

Full-time Employees	1 - 3	4 - 9	10+
ERA National Dues <i>(annual)</i>	\$400	\$600	\$950
Chapter Dues <i>(annual)</i>	\$250	\$250	\$250
Annual Dues:	\$650	\$850	\$1200

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, including one or more groups. Please check your firm's Product 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

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