

We hereby apply for membership in the National and _____ CHAPTER of the Electronics Representatives Association. 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. Annual membership dues includes a \$48.00, one-year subscription to the **Representor** magazine.

● **SPONSOR NAME:** _____ **COMPANY:** _____
(if applicable)

Application Date _____ Date of Company Inception _____
Company _____
Address _____
City / State / Zip _____ Country _____
Phone(s) (____) _____ (____) _____; FAX: (____) _____
Company E-Mail: _____ URL: _____

● **OWNER / OFFICER INFORMATION:**

Name	Title
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):

- | | |
|-------------------------------------|--------------------------------|
| ___ 1. Warehouse | ___ 5. Application Engineering |
| ___ 2. Computerized Mailing/Reports | ___ 6. Service Department |
| ___ 3. Collection & Credit | ___ 7. Demonstration Room |
| ___ 4. Distribution | ___ 8. Demonstration Van |

● **SALES TERRITORY BY STATE / PARTIAL STATE** (Please list alphabetically):

● **BRANCH OFFICES:**

1. City / State / Zip _____ Country _____
Address _____
Branch Manager _____ Phone: (____) _____ FAX: (____) _____
2. City / State / Zip _____ Country _____
Address _____
Branch Manager _____ Phone: (____) _____ FAX: (____) _____
3. City / State / Zip _____ Country _____
Address _____
Branch Manager _____ Phone: (____) _____ FAX: (____) _____

Please Complete all sections of application so that your directory listing is complete!

● **PRODUCT MARKETING GROUPS: (One [1] group free with membership, additional groups at \$40.00 each)**

Please check the appropriate Marketing Group(s) and product categories and enter the approximate % of sales. Your dues include participation in one product marketing group - additional groups are \$40.00 each, which will be billed at the next publication of the LOCATOR directory.

Components	Consumer Electronics	Computer	Sound, Audio/Visual, % ____ of sales
Active Components <input type="checkbox"/>	Consumer Audio <input type="checkbox"/>	Small Office, Home Office <input type="checkbox"/>	Sound <input type="checkbox"/>
Passive Components <input type="checkbox"/>	Consumer Video <input type="checkbox"/>	LAN Products <input type="checkbox"/>	Audio/Visual <input type="checkbox"/>
Interconnect <input type="checkbox"/>	Personal Entertainment <input type="checkbox"/>	Multimedia & Graphics <input type="checkbox"/>	Electronic Security <input type="checkbox"/>
Power Sources & Mgmt, <input type="checkbox"/>	Personal Communications <input type="checkbox"/>	Telecommunications <input type="checkbox"/>	
Manufacturing Services <input type="checkbox"/>	Automotive Electronics <input type="checkbox"/>		
	Accessories <input type="checkbox"/>		
	Personal Computers/ Video Games <input type="checkbox"/>		
Communications	Materials, Assembly and % ____ of sales	RF/Microwave	Instrumentation & Sensors % ____ of sales
Land Mobile Radio <input type="checkbox"/>	Capital Equipment <input type="checkbox"/>	Components and Sub-Assemblies <input type="checkbox"/>	Sensors <input type="checkbox"/>
Microwave Comm. Systems <input type="checkbox"/>	Circuit Card Assembly <input type="checkbox"/>	Discrete Devices <input type="checkbox"/>	Data Acquisition & Control Systems <input type="checkbox"/>
Marine <input type="checkbox"/>	Contract Manufacturing <input type="checkbox"/>	Transmission Lines <input type="checkbox"/>	Test & Measurement Instruments <input type="checkbox"/>
Satellite <input type="checkbox"/>	Printed Circuit Fabrication <input type="checkbox"/>	Microwave IC <input type="checkbox"/>	Quality/Production Test/ ATE <input type="checkbox"/>
Cellular <input type="checkbox"/>		Specialized Instrumentation <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"/>			

● **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 Resaler (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:**

- Company _____ Represented Since _____
Mail Address/City/Code/Country _____
Tel () _____ Fax () _____
Products _____ Contact Name _____
- Company _____ Represented Since _____
Mail Address/City/Code/Country _____
Tel () _____ Fax () _____
Products _____ Contact Name _____

See back of folder 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, customers and interact 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 our colleagues, chapters and international association to set standards for our 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 our Company agrees to uphold this Code of Ethics.

Date _____ Signature _____

Title: _____

ERA Approval:

Approved By: _____ Title: _____ Date: _____

signature

● DUES PAYMENT INFORMATION

BEFORE SENDING IN THIS COMPLETED APPLICATION, PLEASE CALL **800-776-7377** FOR A DUES QUOTE TAILORED TO YOUR FIRM. PAYMENT MUST ACCOMPANY APPLICATION.

DUES PAYMENT MAY BE MADE BY CHECK OR CREDIT CARD:

Total payment enclosed: \$ _____

Check enclosed Credit card: AMEX VISA MC DISCOVER DINERS

Credit card number: _____ Exp. Date: _____

Cardholder Signature: _____



Electronics Representatives Association

444 N. Michigan Ave., Ste. 1960 • Chicago, IL 60611 • (800) 776-7377 • (312) 527-3050
Fax (800) 372-3227 • (312) 527-3783 • E-Mail: info@era.org • URL: <http://www.era.org>

Electronics Representatives Association



Chicagoland Chapter



Please submit all applications and dues to:

**ERA National
444 North Michigan Ave.
Suite # 1960
Chicago, IL 60611
PH: 800/776-7377 Fax: 800/372-3227**

~or~

**Fax application and credit card information to 800/372-3227
www.era.org e-mail: ckosch@era.org**

	Employees													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Annual Dues	477	559	641	722	804	887	970	1051	1134	1215	1299	1379	1461	1544
Application	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Total Due	577	659	741	822	904	987	1070	1151	1234	1315	1399	1479	1561	1644

Visit ERA's Website for more details on member benefits and services at www.era.org

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 \$28.00, one year subscription to the REPRESENTOR magazine. ERA's dues year runs from 11/1 - 10/31.