

## Northern California Chapter



### Application For Membership Instructions

Review over the next three (3) pages to see what information is required. Please fill in all applicable areas. The pages for listing your lines will hold information for sixteen (16) lines. The lines page uses a multiple line format.

The annual dues structure is based upon the number of employees in your firm.

#### Number of Employees

1 - 4	\$150.00
5	\$155.00
6	\$160.00
7	\$165.00
8	\$170.00
9	\$175.00
10	\$180.00
11	\$185.00
12	\$190.00
13	\$195.00
14	\$200.00
15	\$205.00
16	\$210.00
17	\$215.00
18	\$220.00
19	\$230.00
20	\$235.00

Once you have completed the form, you can proceed in one of two ways:

1. Save the form on your computer with a file name and location you will remember.
2. Attach it to an e-mail and e-mail it to [officemanager@ncalera.org](mailto:officemanager@ncalera.org)
3. Mail your check for the proper amount based on the table above to:

Electronics Representatives Association  
1400 Coleman Avenue, Suite F12R  
Santa Clara CA 95050-4322

4. OR
5. Print out the form and mail it, along with your dues check, to the address referenced above.
6. For questions regarding this form, contact Antoinette [officemanager@ncalera.org](mailto:officemanager@ncalera.org)



*Northern California Chapter - Electronics Representatives Association (ERA)  
Membership Application*

We hereby apply for membership in the Northern California 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.

Company: \_\_\_\_\_ Year Company Started: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Company Web Site URL: \_\_\_\_\_

**Officer/Owner Information**

**Attach Business Card Here**

Name

Title

E-Mail Address

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Number of Full Time Sales People: \_\_\_ Outside \_\_\_ Inside \_\_\_ Office Staff \_\_\_ Total number of employees/owners

**Additional Facilities: (Check All That Apply)**

Warehouse	Computerized Mailing	Collection and Credit	Distribution
Application Eng	Service Department	Demonstration Room	Demonstration Van

Sales Territories that you cover in addition to Northern California and Northern Nevada:

\_\_\_\_\_

**Branch Offices:**

Branch 1  
Address/City/Zipcode: \_\_\_\_\_

Branch Manager's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Branch 2  
Address/City/Zipcode: \_\_\_\_\_

Branch Manager's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Form Submitted by:

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

