

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 | \$100.00 |
| 5 | \$105.00 |
| 6 | \$110.00 |
| 7 | \$115.00 |
| 8 | \$120.00 |
| 9 | \$125.00 |
| 10 | \$130.00 |
| 11 | \$135.00 |
| 12 | \$140.00 |
| 13 | \$145.00 |
| 14 | \$150.00 |
| 15 | \$155.00 |
| 16 | \$160.00 |
| 17 | \$170.00 |
| 18 | \$175.00 |
| 19 | \$180.00 |
| 20 | \$185.00 |

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
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 Ed Blake, ERA Web Site Co-Chairman at info@ebacal.com



**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: _____

