

**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):

- |  |   |
|--|---|
| <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** (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 % _____ of sales	Consumer Electronics % _____ of sales	Computer % _____ of sales	Sound, Audio/Visual, Electronic Security % _____ 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 % _____ of sales	Materials, Assembly and Production % _____ of sales	RF/Microwave % _____ of sales	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

***This application will not be formally approved without receipt of one year's dues and the application fee of \$100.00. The annual billing for dues is November 1st and will be pro-rated, so your first invoice will show the appropriate credit.***

### 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

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