

2022 Membership Application



PRODUCT SERVICE MEMBERSHIP \$335

Product Service Membership is for **companies who provide products and services to the electrical industry**. Examples of product service members include, but are not limited to, distributors, manufacturers, manufacturing representatives, schools, utilities, accountants, attorneys, builders, remodelers, architects (AIA), engineers, and equipment rentals companies.

WHICH MEMBER BENEFITS INTEREST YOU THE MOST?

- Opportunities to host events and classes. Welcome contractors personally. Your company name will be promoted on the invitation, in the newsletter, and at the event.
- Product / Service Council. Tell us how we can better serve your needs.
- Opportunity to join a committee. Develop personal and business relationships.
- Free link from our website to yours
- Opportunity to serve on the Board. One product service member serves as a non-voting member of the Board of Directors. Develop business relationships with leaders in the industry.
- Association newsletters and government action alerts
- Discounts on advertising in the newsletters and online
- Free listing in the Quick Resource Guide
- Free 8 hrs Association code class for you or one of your clients

NEW MEMBER INFORMATION:

Company: _____

Designated Contact: _____

License #: _____

Address: _____

City/State/Zip: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email: _____

Web Site: _____

Referred by: _____

How did you hear about us? _____

- Do you have managers at BRANCH locations who would also like to receive the newsletter? Scroll to the next page and enter that information. This is an "Affiliate" membership with an additional dues fee.

YOUR AREA OF SPECIALIZATION:

- Accounting
- Attorney
- Business Services
- Distributor
- Equipment
- Fuel / Fleet
- Information Technology
- Insurance
- Manufacturers
- Manufacturers Reps
- Rebates
- Recyclers
- Schools
- Utility Coops
- Other _____

Description of your company / what products / services do you offer for electrical contractors? (This will be printed on the *Quick Resource Guide* with opportunity to change every 6 months). **75 words or less please.** _____

ENCLOSE PAYMENT WITH APPLICATION:

Yearly Dues: \$335 + Affiliate Memberships from pg 2 if applicable (\$ _____) = Total \$ _____

- Check enclosed Credit Card (Visa, Mastercard, AmEx)

Credit card #: _____

Exp. Date: _____ Security Code: _____ Name on Card: _____

- Enroll in autopay (dues will be drafted from your credit card on file annually)

Billing Address (if different than above): Bill

Return your membership application with payment:

MAIL

3100 Humboldt Ave S
Minneapolis, MN 55408

PHONE

612-827-6117
800-829-6117

FAX

612-827-0920

EMAIL

info@
electricalassociation.com

2020 Membership Application (cont.)

PAGE 2 - AFFILIATE MEMBERSHIP

Affiliate Membership is only for **employees of member companies**. The membership stays with the company. Employees of member companies enjoy the benefits of the Association; however, they choose to have their own affiliate membership to receive the newsletters. A common example includes **branch locations** of member companies.

WHICH OF YOUR MEMBERSHIP BENEFITS INTEREST YOU THE MOST?

- Opportunities to host events and classes. Welcome contractors personally. Your company name will be promoted on the invitation, in the newsletter, and at the event.
- Product / Service Council. Tell us how we can better serve your needs.
- Opportunity to join a committee. Develop personal and business relationships.
- Newsletters and government action alerts
- Opportunity to serve on the Board. One product service member serves as a non-voting member of the Board of Directors. Develop business relationships with leaders in the industry.
- Discounts on advertising in the newsletters and online
- Free link from our website to yours

NEW AFFILIATE MEMBER INFORMATION

1

Company: _____
Designated Contact: _____
License #: _____
Address: _____
City/State/Zip: _____
Phone: _____
Fax: _____
Email: _____
Web Site: _____

3

Company: _____
Designated Contact: _____
License #: _____
Address: _____
City/State/Zip: _____
Phone: _____
Fax: _____
Email: _____
Web Site: _____

2

Company: _____
Designated Contact: _____
License #: _____
Address: _____
City/State/Zip: _____
Phone: _____
Fax: _____
Email: _____
Web Site: _____

4

Company: _____
Designated Contact: _____
License #: _____
Address: _____
City/State/Zip: _____
Phone: _____
Fax: _____
Email: _____
Web Site: _____

ENCLOSE PAYMENT WITH APPLICATION:

Number of Affiliate memberships _____ x \$85 = \$ _____ (Enter this total on page 1 above.)