# **2024 Membership Application**



## **PRODUCT SERVICE MEMBERSHIP \$400**

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

#### **NEW MEMBER INFORMATION:**

ship with an additional dues fee.

Minneapolis, MN 55408

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

electricalassociation.com

#### YOUR AREA OF SPECIALIZATION:

Company:	Accounting
Designated Contact:	□ Attorney
License #:	Business Services
Address:	Distributor
City/State/Zip:	Equipment
Phone:	Fuel / Fleet
Cell Phone:	Information Technology
Fax:	
Email:	Manufacturers
Web Site:	Manufactuers Reps
Referred by:	□ Rebates
How did you hear about us?	Recyclers
Do you have managers at BRANCH locations who would	□ Schools
also like to receive the newsletter? Scroll to the next page	Utility Coops
and enter that information. This is an "Affiliate" member-	

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: \$400 + Aff	iliate Memberships fro	m pg 2 if applicable (\$	) = Total \$	
Check enclosed	redit Card (Visa, Mas	tercard, AmEx)		
Credit card #:				
Exp. Date:	Security Code:	Name on Card:		
Enroll in autopay (due	es will be drafted from	your credit card on file	annually)	
Billing Address (if differe	ent than above): Bill			
	Return your	membership ap	plication with payme	nt:
MAIL	PI	HONE	FAX	EMAIL
3100 Humboldt Ave		327-6117	612-827-0920	info@

800-829-6117

# **2024 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	3	
Company:	Company:	
Designated Contact:		
License #:		
Address:	Address:	
City/State/Zip:	City/State/Zip:	
Phone:		
Fax:		
Email:		
Web Site:		
2	4	
Company:	Company:	
Designated Contact:		
License #:		
Address:	Address:	

Email:			
Web Site:			

**ENCLOSE PAYMENT WITH APPLICATION:** 

City/State/Zip: \_\_\_\_\_

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

Fax:

Number of Affiliate memberships \_\_\_\_\_\_ x \$55 = \$\_\_\_\_\_ (Enter this total on page 1 above.)

City/State/Zip: \_\_\_\_\_

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

Email:\_\_\_\_\_

Web Site: \_\_\_\_\_