



**Application for Membership**  
**Texas Electronics Association**

8128 Salt River Rd • Ft Worth, Texas 76137 • 817/788-0809 Fax: 630/214-5123 •  
 Email: mackblake@charter.net

Please check the membership status for which application is being made:

- Regular Membership:** an owner, officer or manager of a business engaged in the sales and/or service of electronic equipment, or distributor/supplier of electronic equipment and/or supplies. Distributor/supplier business is solely engaged in the state of Texas and/or contiguous states and does not administer manufacturer's labor warranty policies.
- Affiliate Membership:** electronics distributor/supplier (not qualifying under regular membership.) Suppliers of services (insurance, collections, etc.); educational institutions; other associations; individual representatives of the above and others having a common interest in the said association, but without voting power or office-holding privileges.
- Associate Membership:** non-management employees of regular member companies, not qualifying for regular membership, and without voting power or office-holding privileges.

Trade Name of Business \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Telephone \_\_\_\_\_ / \_\_\_\_\_ Fax \_\_\_\_\_ / \_\_\_\_\_ Toll-Free \_\_\_\_\_ / \_\_\_\_\_ After-hours \_\_\_\_\_ / \_\_\_\_\_

Principal's Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Title \_\_\_\_\_ D.O.B \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Home Telephone \_\_\_\_\_ / \_\_\_\_\_

Please check the category below which most nearly describes your business:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> retail, sales only                     | <input type="checkbox"/> retailer, service only                   | <input type="checkbox"/> parts & product distributor |
| <input type="checkbox"/> retail, mainly sales, but some service | <input type="checkbox"/> commercial electronic sales/installation | <input type="checkbox"/> product distributor         |
| <input type="checkbox"/> retail, some sales, but mainly service | <input type="checkbox"/> parts distributor                        | <input type="checkbox"/> other _____                 |

How many years has your company been in business? \_\_\_\_\_ How many employees (include yourself)? \_\_\_\_\_ How many stores? \_\_\_\_\_

How many vehicles? \_\_\_\_\_ Do you rent products?  Yes  No Do you sell service contracts?  Yes  No  Your own  Third Party  Both

Please check total annual volume:  Under \$100,000  \$100,000 to \$500,000  \$500,000 to 1 M  Over 1 M

Bank Reference \_\_\_\_\_ address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

Supplier References 1. \_\_\_\_\_ address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

2. \_\_\_\_\_ address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

Application is hereby made for membership in the Texas Electronics Association by the foregoing individual or company. Applicant agrees upon acceptance, to abide by the bylaws, motions/resolutions, and the ethical standard of the association. Applicant understands that if the application is not accepted, all dues/fees will be refunded. Applicant further understands and agrees to remove all TEA identifying materials from use and exhibit if membership is terminated.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Enclosed is my check for:

\_\_\_\_ months local dues @ \$ 6.00 \$ \_\_\_\_\_  
 \_\_\_\_ months state dues @ \$30.00 \$ \_\_\_\_\_  
 \*plus initiation fee \$ 10.00  
 One year Associate Mbship dues: \$ \_\_\_\_\_  
 Total enclosed : \$ \_\_\_\_\_

\*If regular membership dues are paid for one year in advance, no initiation fee is charged.

**Workers' Compensation/Insurance  
 Assignment of Savings**

Upon termination of TEA Membership, for value received the undersigned does hereby assign to TEA any savings which may be effective or made on any policy or policies of Worker's compensation, or other Insurance, issued or hereafter issued by the TEA endorsed Insurance Companies, in my (our) behalf. Said savings to be distributed to current member participants.

\_\_\_\_\_  
 Applicants Signature

**For Approval & Signature  
 Of Local Official**

Local Association \_\_\_\_\_

Date membership effective \_\_\_\_\_

Membership solicited by \_\_\_\_\_

Signature of person approving application \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**Our Promise to New Members**

If you will attend at least 85 percent of your local association meetings (if available) during your first year and attend either the TEA Management Institute, Technical Institute, or the Annual Convention held that year, and you do not feel that your TEA membership is a good investment, TEA will refund your dues and registration fees paid for that year. We are not asking you to give without getting something in return ...you need TEA as much as TEA needs you!