

Associate Installation Provider Membership Application



National or regional companies engaged in installation of satellite equipment.

<p>Associate Install Provider Annual Dues: \$275.00 \$137.50 pro-rated for remainder of 2017</p> <p>Benefits:</p> <ul style="list-style-type: none"> • Access to subcontractor online testing program • Discounts on select online testing courses • Access to all members' resources including licensing database 	<ul style="list-style-type: none"> • NEW BENEFIT- Liability and Workman's Compensation Insurance savings • NEW BENEFIT- Background and drug screening savings • Savings on health, personal, and supplemental insurance for individuals and their dependents • Receive SBCA e-newsletter and industry updates • Select distributor discounts • Membership certificate and window decal
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Please complete the following application and submit:

Company Name	
Street Address	
City, State, Zip Code	
Phone Number	Fax Number
Website	
Contact Name	
Position/Title	
Phone Number (if different)	e-mail Address
Additional Contact	e-mail Address

<p>Products/Services (can check more than one):</p> <p><input type="checkbox"/> DIRECTV <input type="checkbox"/> Commercial VSAT</p> <p><input type="checkbox"/> DISH <input type="checkbox"/> Audio/Video</p> <p><input type="checkbox"/> Exede <input type="checkbox"/> Security Voice</p> <p><input type="checkbox"/> HughesNet <input type="checkbox"/> Data Fiber</p> <p><input type="checkbox"/> DSI Authorized Dealer</p> <p><input type="checkbox"/> Satellite Radio</p>	<p>Contract Type:</p> <p><input type="checkbox"/> Residential</p> <p><input type="checkbox"/> Commercial</p> <p><input type="checkbox"/> MDU</p> <p><input type="checkbox"/> Restaurants & Bars</p>
<p>How many technicians do you have on staff? <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 20-50 <input type="checkbox"/> 50+</p>	

<p>Total Amount Due: \$275.00 \$137.50 pro-rated for remainder of 2017</p> <p>Payment Information:</p> <p>Credit Card, please select one: <input type="checkbox"/> Master Card <input type="checkbox"/> VISA <input type="checkbox"/> American Express</p> <p>Card Number _____ Exp. Date _____</p> <p>Signature _____</p> <p>Check, please send payment with application to: SBCA, 1100 17th Street NW, Suite 1150, Washington, DC 20036 or via fax, 1-202-318-2618, attn. Membership Department</p>
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