

Preferred Retailer Membership Application



Companies that distribute retail satellite reception systems and programming to consumers.

<p>Preferred Retailer Annual Dues: \$275.00 \$137.50 pro-rated for remainder of 2017</p> <p>Benefits:</p> <ul style="list-style-type: none"> • Eligible to serve on Board of Directors • Eligible to serve on Satellite Industry Leadership Council • Invitation to attend Risk and Safety Summit • Receive SBCA e-newsletter and industry updates • Access to retailer & technician resources website 	<ul style="list-style-type: none"> • NEW BENEFIT- Liability and Workman's Compensation Insurance savings • NEW BENEFIT- Background and drug screening savings • Access to licensing database and members only portion of website • Savings on health, personal, and supplemental insurance for individuals and their dependents • Discounts on select online testing courses • 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 <input type="checkbox"/> DISH <input type="checkbox"/> Audio/Video <input type="checkbox"/> Exede <input type="checkbox"/> Security Voice <input type="checkbox"/> HughesNet <input type="checkbox"/> Data Fiber <input type="checkbox"/> DSI Authorized Dealer <input type="checkbox"/> Satellite Radio </p>		<p>Contract Type:</p> <p> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> MDU <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>			