Electrical Rebuilder's Association
P.O. Box 906
Union, MO 63084
Phone: (636) 584-7400 Fax: (636) 584-7401

Electrical Rebuilder's Association
Membership Application

Please print legibly!

Date: _____

Business Name: _____

Business Owner's Name or Contact: _____Title: _____

Mailing Address: _____ City: _____ State: _____Zip: _____

Physical Address (if different than above): _____

Phone Number: (_____)_____ FAX: (_____)_____

Number of Employees: _____ Year Business Started: _____

Email Address: _____

Company Website: _____

Recruited by: _____

Please check one: I am ☐ **joining the association**

☐ **renewing my existing membership**

Rebuilders, please check all that apply to your rebuilding business:

☐ Rebuild Alternators & Starters ☐ Rebuild DC Motors ☐ Rebuild Component Parts ☐ On-Vehicle Repairs

☐ Auto ☐ Heavy Duty ☐ Marine ☐ Industrial ☐ Agriculture ☐ High Performance ☐ Recreational

Do you use a computer in your business? _____ If so, how many? _____ Do you use the Internet at work? _____

Suppliers, please check all that apply to your business:

☐ Alternators ☐ Starters ☐ Brushes ☐ Bushings ☐ Starter Drives ☐ Solenoids/Caps ☐ Rectifiers/Regulators

☐ Housings/Frames ☐ Cores ☐ Equipment ☐ Wire Harness/Plugs ☐ Pulleys ☐ Stators/Rotors ☐ Armatures

☐ Tools ☐ Computer Software ☐ Motors ☐ Batteries ☐ Shop supplies

CATEGORY OF MEMBERSHIP & ANNUAL DUES: (Please check one)

☐ **Rebuilder Member** ……**$200.00 (US)**

☐ **Supplier Member** ……**$400.00 (US)**

☐ **Warehouse Branch Location (of supplier member)**……**$135.00 (US)**
Supplier Member Name: _____

☐ **Individual (educators, publishers, retired technicians)**……**$200.00 (US)**

To Pay By Credit Card: (circle one) MC VISA DISCOVER

Card Number: _____ _____ _____ _____

Name on card: _____ Expiration date: _____

Please mail this form with a Check or Credit Card Info to:

ERA PO Box 906 Union, MO 63084

Tel: 636-584-7400 Fax: 636-584-7401 Email: office@electricalrebuilders.org

or join online at **www.electricalrebuilders.org**