



Independent Distributors of Electronics Association
Associate Membership Application
Test Services Company

Please complete and send this form and requested information via fax, email, or mail to:
IDEA Headquarters – Attn: Debra Eggeman • 6312 Darlington Ave • Buena Park, CA 90621 • 714-670-0200 • Fax: 714-670-0201 • info@IDofEA.org

Legal Name of Company/Organization applying for membership: _____
Address: _____
City: _____ **State/Province:** _____
Zip/Postal Code: _____ **Country:** _____
Phone: _____ **Fax:** _____
E-Mail: _____ **Website:** _____
Fed Tax ID/Gov't. #: _____ **Date of Incorporation:** _____
Where did you hear about IDEA? _____

Owner(s) and Contact(s) Names

1. First Name, Middle Initial: _____	2. First Name, Middle Initial: _____
Last Name: _____	Last Name: _____
Age: _____	Age: _____
Direct Phone: _____	Phone: _____
Direct Fax: _____	Fax: _____
E-Mail: _____	E-Mail: _____

(Circle the name of the person designated to be the official Member Representative of your company. The Member Representative must be an owner or a member of executive management with the authority to represent your company in policy and financial matters. Please list additional contacts, company locations and/or owner names on a separate sheet.)

Membership Type

(Check One)

- Associate Member (1-19 full-time employees/contractors) **\$1,500 Annual USD**
 Associate Member (20-49 full-time employees/contractors) **\$3,750 Annual USD**
 Associate Member (50+ full-time employees/contractors) **\$7,500 Annual USD**

READ CAREFULLY: "By signing below, the applicant acknowledges and agrees that, the information submitted by the applicant and the information acquired by IDEA through its research and background checks on the applicant company and its owner(s) and/or executive management will be submitted under confidentiality to the IDEA Board of Directors for each Board Member's individual review in preparation to vote on membership acceptance, and when signed by the applicant and membership has been accepted by IDEA, this application represents a binding contract between the parties and commits the applicant to (i) payment of annual membership dues and fees as determined from time to time by the Board of Directors (ii) fulfill and maintain all membership requirements and (iii) comply with all the terms and conditions of IDEA's Code of Ethics, Certificate of Incorporation, Bylaws, NDA, Membership Waiver, and Intellectual Property Rights Policy (the applicant hereby acknowledging receipt of copies of these documents), and such rules and policies as the Board of Directors and/or committees may from time to time adopt."

Print Name

Title

Signature

Date



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Method of Payment and Fees

(Check One)

- PO + Invoice** **Check** **Major Credit Card** **PayPal**

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Membership Dues (check one)

- Associate Member (1-19 full-time employees/contractors) **\$1,500 Annual USD**
 Associate Member (20-49 full-time employees/contractors) **\$3,750 Annual USD**
 Associate Member (50+ full-time employees/contractors) **\$7,500 Annual USD**

(Company must tender the first annual membership dues (apart from the application fee) in the form of a check or completed credit card information with the application. If the membership application is approved, the funds will be deposited or processed into IDEA's bank account. If the membership is not approved, the check will be returned to the applicant or credit card information will not be processed.)

Application Fee (required)

- \$150 USD (The application fee is processed upon receipt at IDEA and is non-refundable.)

IDEA-ICE-3000 Exam Fee(s) (required)

- _____ Exams at \$200 USD per exam = _____ USD

(Please provide at least one (1) IDEA-ICE-3000 Exam application for each ship-to-customer location.)

TOTAL FEES: _____ USD

Credit Card Payment Information

- Visa MasterCard American Express Discover

Billing Address

Cardholder's Name	
Cardholder's Address	Suite Number
Cardholder's Address (additional address space if needed)	
Cardholder's City, State/Postal Code/Zip	
Cardholder's Telephone Number where you can be reached for card confirmation number	
Card Number Exp. Date	
Cardholder's Signature	Date



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**Associate Membership – Test Services Company
Requirements Checklist**

In order to qualify for consideration of an IDEA Associate Membership (Test Services Company), the following minimum requirements must be met:

For Applicant:

1. Signed Membership Waiver Agreement
2. Signed IDEA Share Program Disclosure and Confidentiality Agreement (NDA)
3. Signed Intellectual Property Rights (IPR) Policy and Agreement
4. Signed Code of Ethics
5. Signed Policy for Any Use of the IDEA Logo, including Internet domain name where logo will be used
6. Copy of ISO Certification by a registrar that is recognized by an accreditation body that is identified and accepted by IAF.
7. Copy of ANSI/ESD S20.20 Certification certificate by an ESDA certified registrar
8. Copy of company's Quality Management System (QMS) policy/procedure stating that its QMS incorporates the following:
 - a. IDEA-STD-1010 (most current revision) is incorporated into the inspection program.
 - b. A Moisture Sensitivity Level (MSL) Program, which has been established and is maintained, that incorporates a process to maintain product quality and an MSL knowledge/awareness and training program for personnel who handle product.
9. List of all owners of the company, including full names and direct contact phone numbers
10. All company Headquarters and ship-to-customer physical locations and phone numbers
11. List all DBAs, locations, and phone numbers
12. Proof of Product Liability Insurance coverage at required values
13. Objective evidence of being in continuous business over the past three years
14. Exact number of employees and contractors during the application process and update each year with the payment of annual membership dues. This information is treated with confidentiality for IDEA administrative use only and will not be shared during the application process or thereafter by IDEA. Upon annual IDEA membership renewal, Member Company must notify the IDEA Executive Director if employee/contractor headcount changes to the extent that it places the Member Company into a different membership size category.



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15. Trade references and DUNS Number. Please provide a contact name and detailed contact information, including phone and email, for five (5) customer references, three (3) of which must be IDEA Members.

If these sources do not yield sufficient data for evaluation, other sources such as industry reports, e.g. Digi-Key, IC Source, etc. may be used at the discretion of the IDEA Executive Director in order to acquire information indicative of a company's reputation within the industry.

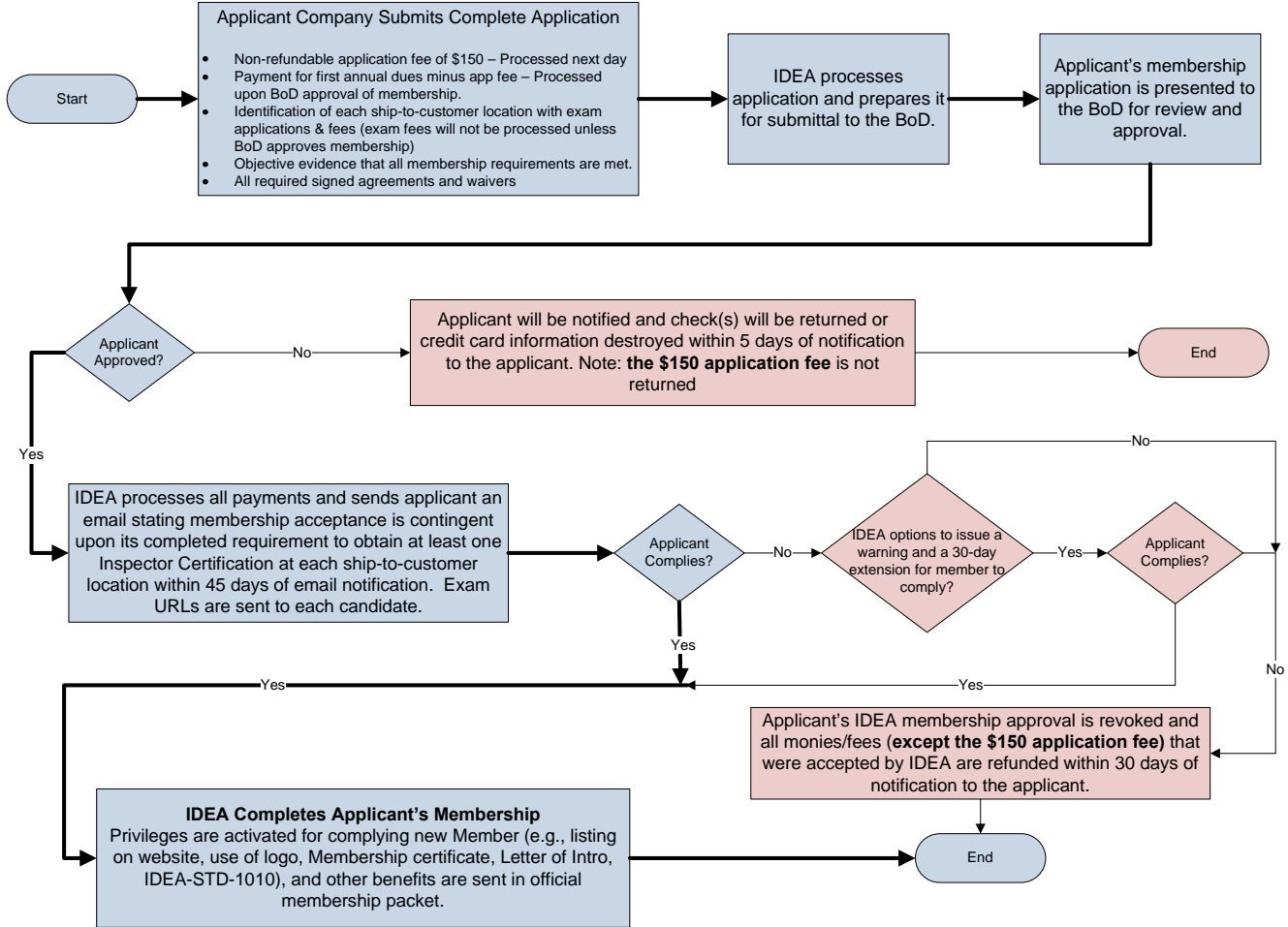
16. List of all of its ship-to-customer locations and provide at least one completed IDEA-ICE-3000 Certified Inspector application complete with exam fees for *each* location. If company fails to obtain at least one Inspector Certification at each ship-to-customer location within forty-five (45) days, IDEA membership approval may be revoked, at which time all monies/fees (except the application fee) that were accepted by IDEA will be refunded within 30 days of notification to the applicant.
17. Organizational chart that includes lines of authority and responsibility of top-level owner(s), executive management, and the Quality Management Representative (QMR). This information is treated with confidentiality and is for IDEA administrative use only during the application process and thereafter for issue resolution and for knowing how to move up the chain of contact within a company.
18. Document confirming possession of all minimum equipment required. Please include equipment list, quantity, and photos of a least one (1) of each item required.

See next page for Membership Application and Approval Process



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IDEA Membership Application and Approval Process



IDEA-APP-1001
Rev D

End of Document