



Independent Distributors of Electronics Association
Associate Membership Application

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:
FedTax ID/Gov't. #: Date of Incorporation:
Where did you hear about IDEA?

Owner(s) and Contact(s) Names

1. Name: 2. Name:
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
(Choose 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, when signed and 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.)

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 Requirements Check Sheet

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

For Applicant:

1. Indicate type of company: Services Products Services & Products
 Accounting Shipping Consulting Other
2. Signed Membership Waiver Agreement
3. Signed IDEA Share Program Disclosure and Confidentiality Agreement (NDA)
4. Signed Intellectual Property Rights (IPR) Policy and Agreement
5. Signed Code of Ethics
6. Signed Policy for Any Use of the IDEA Logo, including Internet domain name where logo will be used
7. List of all owners of the company, including full names and direct contact phone numbers
8. All company locations and phone numbers
9. List all DBAs, locations, and phone numbers
10. Proof of Product Liability Insurance coverage
11. Objective evidence of being in continuous business over the past three years or be owned by a parent company that has been in business for at least three years (unless waved by a unanimous vote of IDEA Board of Directors).
12. Federal Tax or Government ID number(s) and date(s) of incorporation
13. Any other relevant information such as D&B numbers and certifications

End of Document