



Independent Distributors of Electronics Association
 Associate Membership Application
 OEM/EMS

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
(Check One)

- | | |
|---|----------------------------|
| <input type="checkbox"/> Associate Member (1-19 full-time employees/contractors) | \$ 1,500 Annual USD |
| <input type="checkbox"/> Associate Member (20-49 full-time employees/contractors) | \$ 3,750 Annual USD |
| <input type="checkbox"/> Associate Member (50+ full-time employees/contractors) | \$ 7,500 Annual USD |
| <input type="checkbox"/> Associate Member (300-999 full-time employees/contractors) | \$10,000 Annual USD |
| <input type="checkbox"/> Associate Member (1,000+ full-time employees/contractors) | \$20,000 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



Independent Distributors of Electronics Association

Associate Membership Application

OEM/EMS

Method of Payment and Fees

(Check One)

- PO + Invoice**
 Check
 Major Credit Card
 PayPal

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

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 (50-299 full-time employees/contractors) **\$ 7,500 Annual USD**
- Associate Member (300-999 full-time employees/contractors) **\$10,000 Annual USD**
- Associate Member (1,000+ full-time employees/contractors) **\$20,000 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



Independent Distributors of Electronics Association
Associate Membership Application
OEM/EMS

Associate Membership (OEM/EMS) Requirements Check Sheet

In order to qualify for consideration of an IDEA Associate Membership (OEM/EMS), 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 certificate by an accredited registrar
7. Copy of ESD Certification certificate or a copy of ESD procedures
8. List of all owners of the company, including full names and direct contact phone numbers
9. Major company locations and phone numbers
10. List all DBAs, locations, and phone numbers
11. Proof of Product Liability Insurance coverage
12. Objective evidence of being in continuous business for at least one year or be owned by a parent company that has been in business for at least one year (unless waved by a unanimous vote of IDEA Board of Directors).
13. Federal Tax or Government ID number(s) and date(s) of incorporation
14. Any other relevant information such as D&B numbers and certifications other than ISO
15. Copy of company's most up-to-date substandard parts and suspect counterfeit lists and agreement to provide updates on a real-time or as reasonable as possible real-time basis

End of Document