Electrical Manufacturers Representatives Association Of Michigan, Inc.

SEND FORM

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ADDRESS REPLY TO SECRETARY/TREASURER AT

EMRA
P.O. Box 201096
Ferndale, MI 48220

MEMBERSHIP APPLICATION

ENCLOSE $ 200.00 COMPANY DUES

Please print

NAME:_____
(LAST) (FIRST) (MIDDLE INITIAL)

NAME OF COMPANY:_____

COMPANY is (check one): ☐ **Direct Manufacturer** ☐ **Manufacturers' Agent**

COMPANY ADDRESS:_____
(STREET & NUMBER) (CITY) (STATE) (ZIP)

_____
(PHONE) (FAX) (E-MAIL) (MOBILE) (VOICE MAIL) (PAGER)

PRODUCT LISTING:

Direct Manufacturer		**Manufacturers' Agent**	
Product	**Product Categories**	**Company**	**Product Categories**

Note: Product categories must be filled in and can be found in Product Cross Reference Guide.
Additional Space Provided on Page 2

PRODUCT LISTING:

Direct Manufacturer **Manufacturers' Agent**

Product	Product Categories	Company	Product Categories

ASSOCIATE LIST:

Name	Address	Phone	Fax	Mobile	E-Mail	Voice Mail

I agree to abide by the Constitution and By-Laws, Rules and Regulations and the Code of Ethics of the E.M.R.A. if granted a membership in said Association.

_____ _____

(Date) **(Applicant's Signature)**

ACTION TAKEN BY MEMBERSHIP COMMITTEE (check one):

☐ **Approved** ☐ **Rejected**

_____ _____

(Date) **(Signature of Membership President)**

ACTION TAKEN BY BOARD OF DIRECTORS (check one):

☐ **Approved** ☐ **Rejected**

_____ _____

(Date) **(Signature of Secretary/Treasurer)**