

Associate Installation Provider Membership Application



National or regional companies engaged in installation of satellite equipment.

Associate Install Provider Annual Dues: ~~\$275.00~~
\$206.25 pro-rated for remainder of 2017

Benefits:

- Access to subcontractor online testing program
- Discounts on select online testing courses
- Access to all members' resources including licensing database

- NEW BENEFIT- Liability and Workman's Compensation Insurance savings
- Savings on health, personal, and supplemental insurance for individuals and their dependents
- Receive SBCA e-newsletter and industry updates
- Select distributor discounts
- Membership certificate and window decal

Please complete the following application and submit:

Company Name	
Street Address	
City, State, Zip Code	
Phone Number	Fax Number
Website	
Contact Name	
Position/Title	
Phone Number (if different)	e-mail Address
Additional Contact	e-mail Address
<p>Products/Services (can check more than one):</p> <p> <input type="checkbox"/> DIRECTV <input type="checkbox"/> Commercial VSAT <input type="checkbox"/> DISH <input type="checkbox"/> Audio/Video <input type="checkbox"/> Exede <input type="checkbox"/> Security Voice <input type="checkbox"/> HughesNet <input type="checkbox"/> Data Fiber <input type="checkbox"/> DSI Authorized Dealer <input type="checkbox"/> Satellite Radio </p>	
<p>Contract Type:</p> <p> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> MDU <input type="checkbox"/> Restaurants & Bars </p>	
<p>How many technicians do you have on staff? <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 20-50 <input type="checkbox"/> 50+</p>	
<p>Total Amount Due: \$275.00 \$206.25 pro-rated for remainder of 2017</p>	
<p>Payment Information:</p> <p>Credit Card, please select one: <input type="checkbox"/> Master Card <input type="checkbox"/> VISA <input type="checkbox"/> American Express</p> <p>Card Number _____ Exp. Date _____</p> <p>Signature _____</p>	
<p>Check, please send payment with application to: SBCA, 1100 17th Street NW, Suite 1150, Washington, DC 20036 or via fax, 1-202-318-2618, attn. Membership Department</p>	