

INDEPENDENT RETAILER DIVISION MEMBERSHIP BENEFITS & APPLICATION



Companies that distribute retail satellite reception systems and programming to the consumer.

Dues: \$320

Benefits:

- Three certification coupons (a \$50 value per course, not applicable for recertification)
- Detailed listing on www.satelliteretailers.com and free hyperlinks to your company's website
- Discounted education programs
- *Weekly Report From The President*
- Executive briefings and special industry reports
- Discounts on online advertisements
- May vote in Retail Division and serve on Retail Council
- May serve on Retail Division or Association Committees and working groups
- May serve on Board of Directors
- Membership certificate, pin, and window decal

Please complete the following application and send it with your dues payment to:

SBCA, P.O. Box 80148, Baltimore, Maryland, 21280-0148,

or via fax, 703-549-7640, attn. Membership Department (for more information please call (800) 541-5981)

Company Name		
Division/Subsidiary of (if applicable)		
Contact Name & Title		
Address		
City	State	Zip
Phone Number	Fax Number	
E-Mail Address		
URL		
Alternative Contact Name & Title		
Phone Number	E-Mail Address	
Which best describes your business?		
<input type="checkbox"/> C-Band Sales/Installations	<input type="checkbox"/> Independent Retailer	<input type="checkbox"/> Fulfillment/Contract Installer
<input type="checkbox"/> DBS Sales/Installations	_____DIRECTV	
<input type="checkbox"/> V-SAT Sales/Installations	_____Dish Network	
<input type="checkbox"/> Commercial Sales/Installations	<input type="checkbox"/> HSP	
<input type="checkbox"/> Consumer Electronics Sales	<input type="checkbox"/> RSP	
How many stores do you have? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 10 or more		
How many employees do you have (including yourself)? <input type="checkbox"/> 1 <input type="checkbox"/> 2-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 10 or more		
Total Amount Due: \$320.00		
Payment Information:		
<input type="checkbox"/> Check# _____ <input type="checkbox"/> Credit Card (please circle one: Master Card/VISA/American Express)		
Card Number: _____		Exp. Date _____
Signature: _____		Date _____