

Preferred Installation Provider Membership Application

National or regional companies engaged in installation of satellite equipment.



Preferred Install Provider Annual Dues: \$1320.00
\$660.00 pro-rated for remainder of 2017

Benefits:

- Eligible to serve on Board of Directors
- Eligible to serve on Satellite Industry Leadership Council
- Invitation to attend Risk and Safety Summits and SBCA Panel Luncheon
- Access to online testing program or trainer on staff (*subject to prior approval and train the trainer course completion*)

- NEW BENEFIT- Liability and Workman's Compensation Insurance savings
- NEW BENEFIT- Background and drug screening savings
- Discounts on select online testing courses
- Receive SBCA e-newsletter and industry updates
- Access to retailer & technician resources website
- Savings on health, personal, and supplemental insurance for individuals and their dependents
- 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

Products/Services (can check more than one):

- | | |
|--|--|
| <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 | |

Contract Type:

- | |
|---|
| <input type="checkbox"/> Residential |
| <input type="checkbox"/> Commercial |
| <input type="checkbox"/> MDU |
| <input type="checkbox"/> Restaurants & Bars |

How many technicians do you have on staff? ☐ 1-5 ☐ 6-10 ☐ 11-20 ☐ 20-50 ☐ 50+

Total Amount Due: ~~\$1320.00~~ \$660.00 pro-rated for remainder of 2017

Payment Information:

Credit Card, please select one: ☐ **Master Card** ☐ **VISA** ☐ **American Express**

Card Number _____ Exp. Date _____

Signature _____

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