

PREFERRED INSTALLATION PROVIDER MEMBERSHIP APPLICATION



National or regional companies engaged in installation of satellite equipment.

<p>Preferred Install Provider Annual Dues: \$1,000</p> <p>Benefits:</p> <ul style="list-style-type: none"> • Eligible to serve on Board of Directors • Eligible to serve on Satellite Industry Leadership Council • Access to online testing program or trainer on staff (<i>subject to prior approval and train the trainer course completion</i>) • Group discount with purchase of 500+ tests • Discounts on select online testing courses • Receive SBCA e-newsletter and industry updates 	<ul style="list-style-type: none"> • Detailed listing on www.satelliteretailers.com with hyperlinks to your company's website • Access to licensing database • Ability to post job openings and search resumes on SBCA's TechConnect website • Access to retailer & technician resources website • Discounted health, personal, and supplemental insurance for individuals and their dependents • Select distributor discounts • Membership certificate and window decal
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Please complete the following application and submit:

Company Name	
Street Address	
City, State, Zip Code	
Phone Number	Fax Number
URL	
Contact Name	
Position/Title	
Phone Number (if different)	e-mail Address
Trainer Contact Name (if different)	
Phone Number	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 Network <input type="checkbox"/> Audio/Video <input type="checkbox"/> WildBlue <input type="checkbox"/> Security Voice <input type="checkbox"/> Hughes Net <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>Would you like to be listed on our SubContractor Board? <input type="checkbox"/> Yes <input type="checkbox"/> No</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: \$1,000.00</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, 202-349-3621, attn. Membership Department</p>	