

# Associate Membership in NEMA

Associate membership in NEMA is open to enterprises involved in the electrical manufacturing industry, but do not manufacture a product in North America on which NEMA collects dues.

## Company Information

Company Name:		
Headquarters Address:		
City:		State/Province:
Zip/Postal Code:	Country:	Website Address:
Telephone:	Fax:	E-Mail:
Describe product or service provided to the electrical manufacturing industry:		

## MEMBERSHIP CATEGORIES AND DUES

**Industrial Supplier** - A company that supply raw or manufactured materials, components or product directly to NEMA members and whose products do not fit within a NEMA product scope.

ANNUAL DUES - BASED ON SALES TO EI INDUSTRY (please check the appropriate box)			
Up to \$20 Million	Between \$20 and \$39 Million	Between \$40 and \$59 Million	\$60 Million and Above
<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,000

**Wholesale Trade** - Companies that are authorized to distribute NEMA member products.

ANNUAL DUES - BASED ON NUMBER OF EMPLOYEES (please check the appropriate box)		
Less than 50 Employees	Between 50 and 99 Employees	100 Employees and Above
<input type="checkbox"/> \$750	<input type="checkbox"/> \$2,250	<input type="checkbox"/> \$3,000

**Association** - Nonprofit 501(c)(3) and 501(c)(6) organizations that have an interest in NEMA-related issues.

ASSOCIATION ANNUAL DUES - FLAT FEE
\$750



**President/CEO Contact** - This contact receives high-level communications from the President of NEMA and the NEMA Board of Governors.

Name:		
Title:		
Address:		
City:		State/Province:
Zip/Postal Code:	Country:	URL:
Telephone:	Fax:	E-Mail:

**Primary/Billing Contact** - This contact should be the person who will interact with NEMA.

Same as above.

Name:		
Title:		
Address:		
City:		State/Province:
Zip/Postal Code:	Country:	URL:
Telephone:	Fax:	E-Mail:

**The Primary/Billing Contact will be invoiced.**

Please return this completed application to:

NEMA - Member Relations Manager

Email: [membership@nema.org](mailto:membership@nema.org)

Fax: 703-841-3320

Mail: 1300 N. 17th Street, Suite 900

Rosslyn, VA 22209

**Signature of Corporate Officer authorizing this application.** I certify that this company meets the requirements for Associate Membership with NEMA. If this application is accepted and approved, we agree to abide by the Certificate of Incorporation and By-Laws of NEMA as they now exist and as they may be amended.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_



The Association of Electrical and Medical Imaging Equipment Manufacturers  
For membership questions, call 703-841-3200