

Electronic Service Dealers Association

Membership Application

Please Check One:

_____ Service Dealer (Full Member) \$84.00 _____ First Time Member 2019 \$50.00 (Before 7/31/19)

Name/Company _____

Mailing Address: _____

City _____ State _____ Zip _____

Physical Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____ Cell: _____

Email _____ Web page _____

I am engaged in the Electronic Service Industry and hereby apply for membership in the Electronics Service Dealers Association (ESDA). I agree to abide by the bylaws, motions and resolutions of the association; That any and all material identified with the association remains the sole property of the association; and that if or when membership is terminated, I will return those material and cease to identify myself or my company as a member.

Signature _____ Date _____

Make your checks payable to: **E.S.D.A.**

Send this application and your payment to:

David L Kliss, Executive Director, E.S.D.A.
Post Office Box 391
LaPorte, IN 46352-0391

Ph: 847-798-6520

Fax: 219-324-3384

All applications are subject to approval by the E.S.D.A. Board of Directors.

Visit www.esdaweb.org or email esdaweb@gmail.com more information.