

ELECTRICAL APPARATUS SERVICE ASSOCIATION, INC.

International Privileged Membership Application



Name _____ Nickname _____
Address _____ Area Code & Phone (____) _____
City _____ State _____ Zip _____ E-mail _____

- Employment record in the electrical apparatus sales and repair industry.

Company	City & State	No. of Years
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
- Are you still employed by an EASA member firm? _____ If so, by which company? _____
- Have you served as an official EASA representative?
Years _____ Firm(s) _____
- Have you served as an officer of an EASA chapter? _____ If so, list the chapter(s), offices held, and years served.

I hereby apply for Privileged Membership in the Electrical Apparatus Service Association. If approved, I hereby agree to support the aims and objectives of the Association and to abide by its Bylaws and Governing Policies.

Signature _____ Date _____

DUES: Application must be accompanied by annual membership dues before it can be processed.

Enclosed is my check for \$ _____ (U.S. Funds)

Please charge \$ _____ to MasterCard VISA American Express

Expiration Date: _____ Verification Code[†]: _____
Month Year

Card Number _____
Cardholder _____ Address _____
City _____ State _____ Zip _____ Country _____

[†] Last 3 digits on the back of MC and VISA cards; 4 digits on the front of AMEX cards.

TO BE FILLED IN BY EASA OFFICIALS	
INTERNATIONAL PRIVILEGED MEMBER DUES Dues: \$63.00 (EASA Membership Year: April 1 - March 31)	INTERNATIONAL REGIONAL DIRECTOR Region Number _____ <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Signed _____ Date _____
	INTERNATIONAL ADMISSIONS COMMITTEE <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Date _____ Comments _____ EASA Official _____



ELECTRICAL APPARATUS SERVICE ASSOCIATION, INC.

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Reliable Solutions Today!