



**NESDA OF OHIO**  
**Professional Electronic Service**  
 Please Mail This Application With Your Check To:  
 Timothy Murtz, Excel Television, Inc.  
 25421 Aurora Road, Bedford Heights, Ohio 44146

**APPLICATION FOR MEMBERSHIP**

<b>Name:</b>		<b>Company Name:</b>	
Street Address:			
City:		State:	Zip:
Phone:	Fax:	<b>Print Email Address At Bottom</b>	Cell:
<p>I hereby make application for membership in the National Electronics Service Dealers Association of Ohio. If accepted, I will abide by the by-laws, support its objectives, and comply with the code of ethics and standard of this Ohio association, pay the established dues and such other charges set forth in the by-laws.</p>			
Signed:			Date:
Solicited by:			
<b>Business Information:</b>			
Copy of Vendors License Must Be Attached			
Number of Employees (Including yourself):		Technicians:	Clerical:
Years in Business:	Member of Better Business Bureau: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Check the classifications that most accurately describes your business:</b>			
<input type="checkbox"/> Service only	<input type="checkbox"/> Sales only	<input type="checkbox"/> Sales & Service	
<input type="checkbox"/> Single location	<input type="checkbox"/> Out of home	<input type="checkbox"/> Multiple Locations	
<input type="checkbox"/> Other (Please describe)			
<b>Type of Service Performed:</b>			
<input type="checkbox"/> TV/PTV	<input type="checkbox"/> Radio	<input type="checkbox"/> Appliances	<input type="checkbox"/> Auto Radio
<input type="checkbox"/> Audio Visual	<input type="checkbox"/> Industrial	<input type="checkbox"/> Communications	<input type="checkbox"/> CB Radio
<input type="checkbox"/> Audio	<input type="checkbox"/> Marine	<input type="checkbox"/> Satellite	<input type="checkbox"/> Game Systems
<input type="checkbox"/> DLP/LCOS	<input type="checkbox"/> Antenna - MATV	<input type="checkbox"/> VCR/DVD	<input type="checkbox"/> Musical Instruments
<input type="checkbox"/> Aircraft Electronics	<input type="checkbox"/> Antenna - Residential	<input type="checkbox"/> Other (list):	
<b>Your Email Address</b>			

**Manufacturers You are Authorized to Perform Warranty Service for:**  
(Use back if additional space is needed)


**Education, Special Certification & Accreditations**


**Major Parts Stocked: (RCA, Zenith, Etc.)**


**What would you like to see NESDA do for our industry?**


Membership Application     Accepted     Denied    Date \_\_\_\_\_

Reason:


**First Year Membership:    NESDA of Ohio Yearly Dues \$50**

**Please Make Check Payable to:  
NESDA of Ohio**

**Amount Enclosed    \$**

**Mailing Instructions Top Of First Page**
