

Northern Emergency Generator Dealer Association

GENERATOR DEALER MEMBERSHIP APPLICATION

Thank you for your interest in our organization!
Completed applications can be emailed to info@negda.org.
Upon receipt, the Membership Committee will review your application and reply within three weeks with a decision.

Company Name:			Primary Contact:								
Primary Contact Title:			Email:								
Primary Cell: Primary Office Pho			e:								
Mailing Address:		City/9	City/State:					Zip:			
Physical Address (if different than above):		0:: /6							Zip:		
Physical Address (ii different triali above).		City/s	City/State:								
The information collected be	elow is for associ	ation	purpo	ses o	nly	and will b	e held	l in stri	ict confi	denti	iality.
Hayra ma any a year a bayra year b			Full co.				-alaκ2				
How many years have you be					_			la di	ustrial		
Which markets do you serve	· ·			Resid			mercial No	ina	ustriai		
Does your company provide	_						Yes	No			
Is your revenue solely based If not, what percentage								INO			
_	-	55 15 <u>s</u>	9011010	1000	Jare	3 4114 361	<i>,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Which generator brands do											
How many factory certified	_		_			_					
What is your total generato combined for last year?	r related revenu	<i>ie</i> ind	cluding	g nev	v ec	quipment	sales,	ınstal	lation, a	ind s	ervice
< \$500K \$501K -	\$999K \$1N	M - \$2	2.9M	9	\$3№	1 - \$4.9M		\$5M -	\$8.9M		\$9M+
What other professional/trac	de associations (do vo	u helo	na ta	72						
How many generators are in			a sele	ng to							
How would you describe the	_		oanv c	overs	s? P	Please inc	lude a	ll state	es and/	or re	aions
you do business in:			.						,		J
					_						
How do you feel you could e	enhance the mi	ssion	of NE	GDA'	?						
What do you hope to gain th	hrough NEGDA	men	nbersh	ip?							