

# REPRESENTATIVE MEMBERSHIP APPLICATION

## Qualifications for Representative Membership in PTRA:

- All applicants must meet the qualifications of the Association's Bylaws. See [www.ptra.org](http://www.ptra.org) or call PTRA headquarters for a copy.
- Representative membership in the Association is open to independent manufacturers' representatives for power transmission and motion control equipment who sell primarily through distribution or to designated markets.
- Membership includes individuals and firms, such as sole proprietorships, partnerships and corporations.
- The applicant must represent at least two manufacturers in the product category and must operate under contracts or agreements for specific territories.
- The applicant must not be under the control of a distributor and must be free of financial control by any manufacturer.
- The applicant must also agree to comply with the Association's Code of Ethics as approved by the Board of Directors. *See page 11.*



## Send completed application along with dues payment to:

**PTRA**  
5353 Wayzata Blvd. Suite 350  
Minneapolis, MN 55416

**Phone: (888) 817-7872**  
**Fax: (952) 252-8096**  
**E-mail: [ptrahq@ptra.org](mailto:ptrahq@ptra.org)**  
**Web site: [www.ptra.org](http://www.ptra.org)**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP+4/Postal Code: \_\_\_\_\_

Country: Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

Year Firm was Founded: \_\_\_\_\_  Sole Proprietorship Partnership  LLC  Corporation

Number of Outside Salespeople: \_\_\_\_\_ Number of Inside Salespeople: \_\_\_\_\_

Name and Title of Firm's Primary Representative to the Association: \_\_\_\_\_

Spouse's name for the Directory: \_\_\_\_\_

Spouse's home address for special interest mailings: \_\_\_\_\_

\_\_\_\_\_

# REPRESENTATIVE MEMBERSHIP APPLICATION

**Territory Covered** (Check all states/provinces served wholly or in part):

**US Territories:**

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> Alabama     | <input type="checkbox"/> Kentucky       | <input type="checkbox"/> North Dakota   |
| <input type="checkbox"/> Alaska      | <input type="checkbox"/> Louisiana      | <input type="checkbox"/> Ohio           |
| <input type="checkbox"/> Arizona     | <input type="checkbox"/> Maine          | <input type="checkbox"/> Oklahoma       |
| <input type="checkbox"/> Arkansas    | <input type="checkbox"/> Maryland       | <input type="checkbox"/> Oregon         |
| <input type="checkbox"/> California  | <input type="checkbox"/> Massachusetts  | <input type="checkbox"/> Pennsylvania   |
| <input type="checkbox"/> Colorado    | <input type="checkbox"/> Michigan       | <input type="checkbox"/> Rhode Island   |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Minnesota      | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> DC          | <input type="checkbox"/> Mississippi    | <input type="checkbox"/> South Dakota   |
| <input type="checkbox"/> Delaware    | <input type="checkbox"/> Missouri       | <input type="checkbox"/> Tennessee      |
| <input type="checkbox"/> Florida     | <input type="checkbox"/> Montana        | <input type="checkbox"/> Texas          |
| <input type="checkbox"/> Georgia     | <input type="checkbox"/> Nebraska       | <input type="checkbox"/> Utah           |
| <input type="checkbox"/> Hawaii      | <input type="checkbox"/> Nevada         | <input type="checkbox"/> Vermont        |
| <input type="checkbox"/> Idaho       | <input type="checkbox"/> New Hampshire  | <input type="checkbox"/> Virginia       |
| <input type="checkbox"/> Illinois    | <input type="checkbox"/> New Jersey     | <input type="checkbox"/> Washington     |
| <input type="checkbox"/> Indiana     | <input type="checkbox"/> New Mexico     | <input type="checkbox"/> West Virginia  |
| <input type="checkbox"/> Iowa        | <input type="checkbox"/> New York       | <input type="checkbox"/> Wisconsin      |
| <input type="checkbox"/> Kansas      | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Wyoming        |

**Canadian Territories:**

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- New Foundland
- Nova Scotia
- Ontario
- Prince Edward Island
- Quebec
- Saskatchewan

**International Territories:**

- Mexico
- Puerto Rico
- South America
- South Korea
- Virgin Islands

**Other:** \_\_\_\_\_

**Branch Locations** (List address and phone numbers of each; attach supplemental sheet if necessary):

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**List all manufacturers you represent.** Provide full name and address; attach supplemental sheet/line card if necessary. (This information is for the application process only and is not available to the membership.)

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**Complete the following:**

- A. Can you provide warehouse space? Yes  No
- B. Do you invoice in your company name? Yes  No
- C. Do you warehouse any lines? Yes  No
- D. List the names of the suppliers you invoice under your company name:

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E. Is your business predominately  Power Transmission or  Motion Control?

**SPONSOR.** Please list your Firm's PTRAs member sponsor:

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

Firm: \_\_\_\_\_

# REPRESENTATIVE MEMBERSHIP APPLICATION

## PTRA Code of Ethics

The position of Manufacturers' Representative is unique in that the Representative is the liaison between the distributor, the original equipment manufacturer, the consumer, and the company represented.

As a power transmission/motion control advisor, the Representative upholds a high professional responsibility to the distributor and the original equipment manufacturer, and at the same time occupies a position of trust and loyalty to the company represented. Only by observing the highest ethical balance can the Representative avoid conflict between these responsibilities.

### As a Manufacturers' Representative, it is my responsibility to:

- Hold my business in high esteem and strive to maintain its prestige.
- Keep the needs of my distributors at the forefront.
- Respect my distributors' confidence and hold in trust personal information.
- Render continuous service to my distributors, customers and manufacturers.
- To employ every proper and legitimate means to persuade my customers to use the proper equipment for their application, if known, while strictly adhering to the highest standards of business and professional conduct concerning these recommendations.
- Present accurately, honestly and completely every fact essential to my distributors' and customers' final decisions.
- Perfect my skills and add to my knowledge through continuous thought and study.
- Conduct my business on such a high plane that others emulating my example may help raise the standards of my profession.
- Keep myself informed with respect to my manufacturers' policies, rules and regulations, and to observe them in both letter and spirit.
- Respect the prerogatives of and cooperate with all others whose services are constructively related to mine in meeting the needs of my distributors and customers.

Do you agree to comply with the Association's Code of Ethics? Yes  No

Dues are \$415 per year for the firm (including the owner/president), plus \$50 per additional outside salesperson.

**\$415**

for membership 6/1-5/31

+

**\$50**

per additional outside salesperson

Primary Dues Amount: **\$415**

Outside Salesperson Amount: (Number outside salespeople \_\_\_\_\_ x \$50) = \$ \_\_\_\_\_

TOTAL: \_\_\_\_\_

Payment method: Check # \_\_\_\_\_ (payable to PTRAs) enclosed.

Or, the following credit cards are accepted:  Visa  MasterCard  American Express

Credit Card Account #: \_\_\_\_\_ Security Code \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature required for Credit Card \_\_\_\_\_

**STATEMENT:** Contributions or gifts to the Power-Motion Technology Representatives Association are not deductible as charitable contributions for federal income tax purposes. Dues payments are deductible by members as an ordinary and necessary expense.

See 10701 of the Revenue Act of 1987. PTRAs's Federal ID Number is 23-7267570

Signature of firm's representative: \_\_\_\_\_ Date: \_\_\_\_\_