



Membership Order Form

E-Mail Completed Form to: membership@SACA.org

Industry Memberships

Industry members have authorization to offer unlimited, free certifications to employees; receive access to all SACA assessment materials; receive discounted instructor/administrator training; receive access to news of latest developments in Industry 4.0 technology, education, and certification; authorization to advertise as a SACA Certification Site; eligible to be profiled by SACA in its communications and advertising; and eligible for discounted registration fees for SACA Conferences.

Bronze Level

Includes all benefits listed above as well as eligibility for advisory role is in the Industry Members Council.

Level	Annual Contribution	Selection
Less than 99 employees	\$500	
100 – 299 employees	\$1,500	
300 – 499 employees	\$2,500	
>500 employees – First Site	\$3,500	
>500 employees –Each Additional Site	\$1,000	

Silver Level

Includes all Bronze Industry Membership benefits plus designation as Education Promise Sponsor, recognition for sponsorship of scholarships, and annual visit from SACA representative.

- \$5,000 of \$8,500 earmarked for education member scholarships.
- Silver members can designate which schools will be allocated their scholarship awards.

Level	Annual Contribution	Selection
First Site	\$8,500	
Each Additional Site	\$1,000	



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Gold Level

Includes all Bronze and Silver Industry membership benefits plus designation as Sustaining Member, priority eligibility for Industry Members Council, and more funding assigned to scholarships.

- \$7,000 of \$13,500 earmarked for education member scholarships.

Level	Annual Contribution	Selection
First Site	\$13,500	
Each Additional Site	\$1,000	

Membership Information

Organization Name _____

Account Administrator Name _____

Account Administrator Title _____

Account Administrator E-Mail _____

Address _____

City _____ State _____ Zip _____

Country _____ Phone: _____

Click here if Membership and Billing Information are identical

Billing Information

Organization Name _____

Primary Billing Contact Name & Title _____

Primary Billing Contact E-Mail _____

Address _____

City _____ State _____ Zip _____

Country _____ Phone: _____