



WECA-IEC Affiliate Membership Application



IMPORTANT: Prior to final acceptance, WECA-IEC must have authorized signed evidence of other IEC Chapter membership.

I wish to apply for Affiliate Membership with Western Electrical Contractors Association Inc. (WECA-IEC), a California Chapter of the Independent Electrical Contractors Inc. (IEC). If accepted into membership, I agree to abide by WECA-IEC Bylaws and "Rules and Regulations" in force during my membership. I understand that, upon receipt of my application for membership, WECA-IEC will run a credit report to determine eligibility for membership.

Note: Affiliate Memberships are offer to all other IEC Chapter members nationwide who wish to participate in WECA-IEC's CA apprenticeship training program and other benefits.

Corporate Name: _____ Business Name: _____

Business Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address (if different from above): _____

City: _____ State: _____ ZIP: _____

Business Phone: (____) _____ Business Fax: (____) _____

(Note that, by providing your fax number, you consent to receive faxes sent by or on behalf of WECA- IEC.)

Web Site: _____

(Note that, by providing your business' website address, you consent to allow WECA-IEC to put a link to this website on the WECA-IEC website. You are encouraged to link to the WECA-IEC site from your business' website.)

Contractor's License Number(s): C10 _____ C7 _____

Primary Scope of Work: Commercial/Industrial Residential VDV

State Tax ID # _____

Number of **Certified** Field Employees: _____ Total Number of Employees: _____

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How did you hear about WECA-IEC? WECA-IEC Web site Referred by:

 Other: _____

Reasons for joining WECA-IEC (check all that apply):

Training: Journeyman/Electrician Trainee Apprenticeship Contractor/Foreman Business Mgt.

Services: Business Networking Support Governmental Affairs Public Works Information

Other: Other (please list): _____

* * * * *

Authorized Representative name (please print): _____

Authorized Representative signature (original): _____ Date: _____

PLEASE COMPLETE BACK PAGE OF APPLICATION

Please mail (1) signed 2 page Application, (2) Dues Sheet and (3) first month's dues check to WECA-IEC Membership at the address listed below.

WECA-IEC use only: Membership Manager Initial's _____

Member Preferred Method of Contact Form

In an effort to "Go Green", WECA-IEC has configured its database to automatically send reports and letters to Member's based on their preferred method of contact (via e-mail, fax or regular mail). WECA-IEC will need to identify the correct contact information for employees for each company so that reports and letters can be sent to the appropriate person. Please complete this form for who will be responsible for receiving reports or correspondence from WECA. Examples of important reports that will be affected include: student final grades, disciplinary letters, class notification letters, dispatches, Monthly Invoice Reports (MIR) and Membership Invoice. If you wish to change your preferred method of contact or request a hard copy of any documentation in the future, please contact Audra Jamieson at (877) 444-9322, ext# 140.

Please mail to WECA-IEC: 9719 Lincoln Village Drive, Suite 303, Sacramento, CA 95827 or fax to (916) 452-701 attention Audra Jamieson.

Attention: If requesting email to be your preferred method of contact, you must have the following system requirements in order to view and open documents: Microsoft Word and Excel 2003 or Greater

Company Name: _____

Owner's name if different from Primary Contact: _____

E-mail: _____ Mobile Number: (____) _____

Phone Number: (____) _____ Ext: _____ Fax Number: (____) _____

Check only one Preferred Method of Contact: Email Fax Mail (To Business Address on File)

Check one or more: MIR Monthly Invoice worksheets/Reminder Notices/Membership Dues Invoices

Apprentice Progression & Discipline Correspondence Letters Dispatch Insurance Newsletters/E-Bulletins

Primary Contact: _____ **Title:** _____

E-mail: _____

Phone Number: (____) _____ Ext: _____ Fax Number: (____) _____

Check only one Preferred Method of Contact: Email Fax Mail (To Business Address on File)

Check one or more: MIR Monthly Invoice worksheets/Reminder Notices/Membership Dues Invoices

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Additional Staff

Name _____ Title: _____

E-mail: _____

Phone Number: (____) _____ Ext: _____ Fax Number: (____) _____

Check only one Preferred Method of Contact: Email Fax Mail (To Business Address on File)

Check one or more: MIR Monthly Invoice worksheets/Reminder Notices/Membership Dues Invoices

Apprentice Progression & Discipline Correspondence Letters Dispatch Insurance Newsletters/E-Bulletins

Name _____ Title: _____

E-mail: _____

Phone Number: (____) _____ Ext: _____ Fax Number: (____) _____

Check only one Preferred Method of Contact: Email Fax Mail (To Business Address on File)

Check one or more: MIR Monthly Invoice worksheets/Reminder Notices/Membership Dues Invoices

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Name _____ Title: _____

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PLEASE MAKE ADDITIONAL COPIES AS NEEDED