



WECA Contractor Membership Application

I wish to apply for Contractor Membership with Western Electrical Contractors Association Inc. (WECA). If accepted into membership, I agree to abide by WECA bylaws and rules and regulations in force during my membership. I understand that, upon receipt of my application for membership, WECA may request a credit report to determine eligibility for membership.

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)

Web Site: _____

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

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

Primary Scope of Work: Commercial/Industrial Residential VDV

Number of Field Employees: _____ Total Number of Employees: _____

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

Other: _____

Reasons for joining WECA (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

Thank you for supporting WECA! Please mail signed Application and Dues Sheet to WECA Membership at the address listed below.

WECA use only: Membership Manager Initial's _____

Member Preferred Method of Contact Form

In an effort to "Go Green", WECA 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 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: 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 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

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

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 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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PLEASE MAKE ADDITIONAL COPIES AS NEEDED