



**WECA Industry Partner Membership Application**

Please accept my application for Industry Partner Membership with Western Electrical Contractors Association, Inc. (WECA). I agree to abide by the Association's Industry Partner Member Code of Ethics (below) while my membership is current and active.

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

**Contact:** \_\_\_\_\_ **Alternate Contact:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_ **Cellular:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Web Site:** \_\_\_\_\_

**Main business:** \_\_\_\_\_

**Industry Partner Annual Membership Dues:** **\$825**

*(WECA Industry Partner Membership packages are for a twelve-month period beginning on the date the signed agreement is received and accepted by the WECA Board of Directors.)*

**Industry Partner Membership Benefits:**

- At no charge, a listing of your company name, logo and two-line message on the WECA website
- Twenty percent discount on advertisements placed in *The WECA News* or *The Student Times*
- Twenty percent discount on any *available* sponsorships for the following events:
  - \*Annual Charity Golf Tournament
  - \*Annual Installation of Officers
  - \*Graduation Ceremonies
  - \*Others identified by the Association
- The option to provide discount coupons as inserts to monthly member billing statements

**My check payable to WECA is enclosed**

**Please charge my credit card (VISA or MasterCard only)**

**Name:** \_\_\_\_\_ **Card #:** \_\_\_\_\_ **Exp date:** \_\_\_\_\_

**WECA Industry Partner Member Code of Ethics:** *As an Industry Partner Member, we agree to conduct our business affairs with all WECA members and prospective members in an honorable and ethical manner. We agree that, with respect to these individuals and companies, we will not intimidate or misrepresent our products and services, whether in written, verbal, electronic or any other form of communication; misuse the WECA logo, name, mailing list or other representation of the Association; operate under any conflicts of interests until and unless fully disclosed and agreed upon by all involved parties or conduct any other inappropriate business activities as identified by the Association.*

**Authorized Representative name (please print):** \_\_\_\_\_

**Authorized Representative signature (original):** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**WECA use only: Membership Manager Initials** \_\_\_\_\_