



Associate Membership Application Form (2018)

Address for Membership

Company Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Head Office Location (if different from above)

Address: _____

City: _____ Province: _____ Postal Code: _____

Main Contact Representative

Name: _____ Title: _____

Email: _____ Phone: _____ Ext: _____

Principles:

Name: _____ Title: _____

Email: _____ Phone: _____ Ext: _____

Name: _____ Title: _____

Email: _____ Phone: _____ Ext: _____

Name: _____ Title: _____

Email: _____ Phone: _____ Ext: _____

References

Referred by (if applicable)

Company Name: _____ Phone: _____

Contact: _____ Email: _____



References (cont.)

General Contractors (please provide 2 you company supplies)

Company Name: _____ Phone: _____

Contact: _____ Email: _____

Company Name: _____ Phone: _____

Contact: _____ Email: _____

Suppliers (please provide 2)

Company Name: _____ Phone: _____

Contact: _____ Email: _____

Company Name: _____ Phone: _____

Contact: _____ Email: _____

ECABC Member (if applicable)

Company Name: _____ Phone: _____

Contact: _____ Email: _____

Would you also like to become a chapter member? *If so, please specify in the box below.*

| Chapter | Annual Chapter Dues | (X) Preference |
|--------------------------|---------------------|----------------|
| Vancouver Chapter | \$450.00 | |
| Vancouver Island Chapter | \$325.00 | |
| Central Chapter | \$325.00 | |
| All of BC (3 Chapters) | \$1,000.00 | |

Please note: To belong to a chapter(s), you must be an active member of ECABC.

All Chapter dues are paid annually, effective January 1st, 2018



About the company:

We have been in business for _____ years

Describe type of business (check one or more categories below and briefly describe)

- Electrical Manufacturer _____
- Manufacturers Agent (list brands)_____
- Architect _____
- Electrical Supplier _____
- Electrical Engineering _____
- Other _____

List other memberships your company maintains in the construction industry:

DECLARATION

I/We hereby make application for Associate membership in the Electrical Contractors Association of BC. I/We agree to abide by the Constitution and Bylaws of ECABC and to co-operate with the Association in all of its objectives to strengthen the electrical construction industry.

I/We further agree that in addition to the annual membership fee in ECABC, I/We shall promptly pay any assessments, charges or other contributions authorized by the membership

I/We agree that ECABC shall have My/Our permission to review My/Our business The undersigned allows ECABC to contact the above references and others as may be required to ensure the good standing of your company and its business practices according to ECABC membership standards. In connection with this application, ECABC reserves the right to refuse membership to any applicant, in its sole discretion.

Applications for membership must be accompanied by payment of **ONE YEAR'S ANNUAL DUES (\$625.00)**. We agree, when accepted for membership, to pay dues annually. Memberships accepted in mid-year will be pro-rated.

I/We hereby make application for Associate membership in the Electrical Contractors Association of BC. I/We agree to abide by the Constitution and Bylaws of ECABC and to co-operate with the Association in all of its objectives to strengthen the electrical construction industry.

Owner(s) Signature _____ Date: _____

Please print name of appointed Representative: _____



ECABC Associate Member Dues Invoice

| | |
|--------------|--|
| Name: | |
| Company: | |
| Address: | |
| City: | |
| Province: | |
| Postal Code: | |

Associate Membership Annual Dues: \$625.00

Chapter Dues (if applicable): \$ _____

TOTAL 2018 DUES PAYABLE TO ECABC (include Chapter dues if applicable): \$ _____

Preferred payment method (choose one only):

Invoice me the full amount

Cheque (Please make all cheques payable to ECABC)

Credit Card – Check off one of the following: VISA MASTERCARD AMERICAN EXPRESS

| Credit Card Information (if applicable) | |
|---|--|
| Name on Card: | |
| Card #: | |
| Expires: | |
| Signature: | |

Please submit your completed forms by mail (see address at bottom of page), fax (604-294-4120) or email memberservices@eca.bc.ca



Please provide names and email addresses of those within your company who will be responsible for the following:

Dues/Invoice Notifications (DUES)
 Event Notifications (EV)
 Training & Education (E&T)

Marketing Opportunities (MK)
 Newsletters (NL)

| Name | Email Address | Types of Notifications <small>(please abbreviate as above)</small> |
|------|---------------|---|
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If you would like to provide more employee names, email your list to ECABC's Member Services Coordinator, Frances Andrew memberservices@eca.bc.ca