



Union Contractor Membership Application Form (2018)

Company Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Main Contact Representative

Name: _____ Title: _____

Email: _____ Phone: _____ Ext: _____

Principles:

Name: _____ Title: _____

Email: _____ Phone: _____ Ext: _____

Name: _____ Title: _____

Email: _____ Phone: _____ Ext: _____

Name: _____ Title: _____

Email: _____ Phone: _____ Ext: _____

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 1, 2018



References

General Contractors (please provide 2)

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: _____

Company Name: _____ Phone: _____

Contact: _____ Email: _____

Referred by (if applicable)

Company Name: _____ Phone: _____

Contact: _____ Email: _____



About the company:

We have been in business for _____ years

Electrical Contracting is our Principal Business Yes No

We are a Proprietorship Corporation Partnership

Provide total number of: Employees _____ Journeyman _____ Apprentices _____

Contractor’s License Number: _____

We are parties to a Labour Agreement with: _____ Local# _____

Dues by Structure:

Membership Dues: **Minimum \$300 per year**

- Via industry funds remittances: any balance not covered by industry funds to be paid directly to ECABC
- Plus Chapter Dues (as applicable)

DECLARATION

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 agree, when accepted for membership, to pay dues annually or bi-annually as agreed.

I/We understand that, when accepted for membership, we will receive a membership plaque and will have the right to use the Association emblem on our stationary, advertising and for other acceptable business purposes. We also agree that; should our membership be terminated, we shall surrender the plaque and immediately discontinue the use of the emblem.

I/We agree to provide the Association with the following documentation:

- Proof of Liability Insurance for a minimum of \$2M (electronic scan, faxed or mailed copy)
- WorkSafeBC clearance letter (electronic scan, faxed or mailed copy)

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. ECABC reserves the right to refuse membership to any applicant, in its sole discretion.

Owner(s) Signature _____ Date: _____

Please print name of appointed Representative: _____



ECABC Union Member 2018 Dues Invoice

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

TOTAL 2018 DUES PAYABLE TO ECABC: _____
 \$ (refer back to page 1 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 Member Services at memberservices@eca.bc.ca

Specific Areas of Specialization (mark as many as are relevant to your company)

- | | | | |
|-------------------------------------|--------------------------|------------------------------|--------------------------|
| Power factor | <input type="checkbox"/> | Transient voltages | <input type="checkbox"/> |
| Oil reclamation | <input type="checkbox"/> | Ancillary equipment, testing | <input type="checkbox"/> |
| Harmonics | <input type="checkbox"/> | CB Testing and calibration | <input type="checkbox"/> |
| Renewable energy | <input type="checkbox"/> | IR Scanning | <input type="checkbox"/> |
| Fire alarm systems | <input type="checkbox"/> | Security systems | <input type="checkbox"/> |
| Telecommunications | <input type="checkbox"/> | Data wiring/cabling | <input type="checkbox"/> |
| Fibre optics | <input type="checkbox"/> | Computer systems | <input type="checkbox"/> |
| Programmable controllers | <input type="checkbox"/> | Line distribution | <input type="checkbox"/> |
| Street lighting | <input type="checkbox"/> | Service trucks | <input type="checkbox"/> |
| Electro Magnetic Field Interference | <input type="checkbox"/> | | |

General Areas

- | | | | |
|---------------------|--------------------------|-------------------------------|--------------------------|
| Commercial | <input type="checkbox"/> | Industrial | <input type="checkbox"/> |
| Data Communications | <input type="checkbox"/> | Electrical equipment supplier | <input type="checkbox"/> |
| Manufacturer | <input type="checkbox"/> | Residential low rise | <input type="checkbox"/> |
| Power systems | <input type="checkbox"/> | Residential high rise | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | Security | <input type="checkbox"/> |
| | | All | <input type="checkbox"/> |