



Associate Membership Application Form (2023)

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 two your company supplies to)

Company Name: _____ Phone: _____

Contact: _____ Email: _____

Company Name: _____ Phone: _____

Contact: _____ Email: _____

Suppliers (please provide two)

Company Name: _____ Phone: _____

Contact: _____ Email: _____

Company Name: _____ Phone: _____

Contact: _____ Email: _____

ECABC Member (if applicable)

Company Name: _____ Phone: _____

Contact: _____ Email: _____

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 _____
- Manufacturer's 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 our 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 (\$750.00)**. We agree, when accepted for membership, to pay dues annually. Memberships accepted in August onwards will be pro-rated.

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Owner(s) Signature _____ Date: _____

Please print name of appointed Representative: _____

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

Chapter	Annual Chapter Dues 2023	✓ Preference
Vancouver Chapter	\$500	
Vancouver Island Chapter	\$375	
Central Chapter	\$325	
All of BC (3 Chapters)	\$1,100	

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

All Chapter dues are paid annually, effective January 1, 2023.



ECABC Associate Member Dues Invoice (2023)

Name:	
Company:	
Address:	
City	
Province	
Postal Code	

Associate Membership Annual Dues: \$750.00

Chapter Dues (if applicable): \$_____

TOTAL 2023 DUES PAYABLE TO ECABC: \$_____ (refer back to page 3 if applicable)
(Please be advised that all dues are inclusive of GST)

Preferred payment method:

- Invoice me
- Cheque (Please make all cheques payable to Electrical Contractors Association of BC)
- Credit Card – Check off one of the following: VISA MASTERCARD AMERICAN EXPRESS

Credit Card Information (if applicable)	
Name on Card:	
Card #:	
Expires:	
CVV/CID:	
Signature:	

Please submit your completed forms by mail (see address at bottom of page) 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)
 Subcontract Program (SC)

Name	Email Address	Types of Notifications <small>(please abbreviate as above)</small>

If you would like to provide more employee names, email your list to ECABC’s Member Services Coordinator at memberservices@eca.bc.ca

How did you find out about ECABC?

- Search Engine (Google, etc.) Recommended by a friend or colleague
- Social Media Publication/e-newsletter I was a previous ECABC member
- Saw the office/logo YouTube Other: _____



Electrical Contractors Association of British Columbia

What value do you see in becoming a member of ECABC?

How do you see your business contributing to ECABC's mission: "To strengthen and promote the electrical and line utility industry in British Columbia"?
