

NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION
www.necanet.org

APPLICATION FOR MEMBERSHIP

APPLICATION TO NECA CHAPTER: We hereby make application for membership in the National Electrical Contractors Association, Inc.

*Name of Chapter _____

Chapter Division Name _____

FIRM/COMPANY INFORMATION:

*Firm/Company Name _____

*Shipping/Street Address (Not P.O. Box) _____

*City _____ *County _____ *State _____ *Zip _____

*Telephone # _____ Fax # _____ *Federal Registration # _____

Mailing Address (If Different From Above) _____

City _____ State _____ Zip _____

Company Website Address _____

General Information E-mail Address (if different from Accredited Representative below) _____

*Firm/Company has been in the electrical contracting business since _____ (year)

*Firm/Company is party to a labor agreement with the IBEW Yes _____ No _____ If yes, IBEW Local Union # _____

*Firm/Company previously held NECA membership in this chapter: Yes _____ No _____

If yes, it was terminated in Month _____ Year _____

*Firm/Company currently holds membership(s) in other NECA chapter(s) Yes _____ No _____

ACCREDITED REPRESENTATIVE INFORMATION:

The membership shall stand in the name of the person, firm or corporation engaged in electrical contracting. Each member shall have a duly accredited representative listed with the National Association who shall be the owner, a partner or officer, or occupy a responsible position with the member.

*Name (Mr. Ms. Mrs.) _____ Date _____

*Signature _____ E-mail Address _____

UNDERSTANDING:

We understand that if approved for membership, we will receive a Membership Plaque on loan and the right to use the trademarked NECA logos and seal. We agree to immediately surrender the Membership Plaque to the Secretary of the National Association or local chapter and to cease use of logos and seal upon termination of our membership for any reason. We agree to abide by the governing documents (Constitution, Bylaws, etc.) of the National Association and chapter now in force, as well as those that may be properly adopted in the future. We understand that contributions or gifts to NECA are not deductible for Federal Income Tax purposes as "charitable contributions", but may be deductible as ordinary and necessary business expenses.

BUSINESS CODES: *Circle any / all that apply

INSIDE ELECTRICAL CATEGORY CODES

- A- Residential
- B- Industrial
- C- Commercial/Institutional
- D- Energy Management/Power Quality
- E- Lighting Maintenance & Retrofit
- F- Marine
- G- Sign
- H- Motor Repair
- I- Instrumentation/Testing
- J- Service - Residential
- K- Service - Commercial & Industrial

LINE CATEGORY CODES

- S- Substations
- T- Transmission
- U- Underground Distribution
- V- Overhead Distribution
- W- Distributed Generation/Cogeneration
- X- Line Clearance/Tree Trimming
- Y- Communications/Data (External)
- Z- Street Lighting/Traffic Control

ENERGY SOLUTIONS CATEGORY CODES

- L- Green Building/Sustainable Construction
- M- Energy Efficiency/Conservation
- N- Energy Audits
- O- Solar PV Systems
- P- Wind Generation Systems
- Q- Geothermal & Other Energy Alternatives
- R- Solar/Wind Generation – Utility Scale

SYSTEMS CATEGORY CODES

- 1- Communication/Data (Internal)
- 2- Fire Alarm/Life Safety/Nurse Call
- 3- Building Automation
- 4- Industrial Controls
- 5- Security Systems/CCTV/Access Control
- 6- CATV
- 7- Home Automation/Networking
- 8- Sound/Public Address/Intercom/Paging

PAYMENT INFORMATION:

We enclose payment to "NECA" (or credit card information below) for National dues for the first twelve months in the amount of **\$150**.

Credit Card Information – Type: VISA_____ MC_____ AmEx_____ Exp Date:____/____ Name on Card_____		
Credit Card # _____	Signature_____	\$150.00

APPLICATION APPROVAL:

*Chapter Manager Signature_____ Date_____

____ Normal mailing of membership material goes directly to the new member. If you prefer, we can mail the material to the chapter for personal delivery to the new member.

NECA Field Representative Signature_____ Date_____

 John M. Grau, NECA Chief Executive Officer

 J. Michael Thompson, NECA Secretary-Treasurer

For NECA National Office Use				
Chapter_____	Division_____	Join Date_____	Batch #_____	Company ID #_____ Individual ID #_____

CHAPTER SHOULD MAIL APPLICATION TO REGIONAL OFFICE FOLLOWING CHAPTER APPROVAL

* Indicates Required Information Before Sending to Regional Office

Revised November 2008