

# 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: \*Check 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  
J- Service (Residential)  
K- Service (Commercial & Industrial)

#### LINE CATEGORY CODES

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

#### SYSTEMS CATEGORY CODES

1- Communications/Data Systems  
2- Fire/Safety  
3- Building Automation  
4- Industrial Controls  
5- Security Systems/CCTV/Access Control  
6- CATV  
7- Home/Automation/Networking  
8- Sound/Public Address/Intercom Paging  
9- Photovoltaic Systems

### 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 February 2005