



**APPLICATION FOR CONTRACTOR MEMBERSHIP**

**INDEPENDENT ELECTRICAL CONTRACTORS  
FORT WORTH/TARRANT COUNTY CHAPTER**

5809 East Berry Street  
Fort Worth, TX 76119  
817-496-8422 FAX 817-496-8555

The applicant for Contractor Membership in the Association shall be a legally licensed contractor principally engaged in the Electrical Construction Industry in an area served by this Chapter. The applicant agrees to participate in the Chapter's programs, support the stated purposes of this Association and pay dues, fees and assessments when due. **The initiation fee of \$250.00 must accompany this application.**

**PLEASE PRINT OR TYPE**

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

**Corporation Officers or Owners**

\_\_\_\_\_  
Name Title Address

\_\_\_\_\_  
Name Title Address

Master Electrician for company: \_\_\_\_\_ Licensed in city of: \_\_\_\_\_

Current license number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Individual representing company in the Association: \_\_\_\_\_ Number of years in trade: \_\_\_\_\_

Texas Electrical Contractor License: \_\_\_\_\_ yes \_\_\_\_\_ no If yes, State License Number: \_\_\_\_\_

Type of work: \_\_\_\_\_

Number of employees in the field:  0-5  6-10  11-15  16-20  21-30  31-60  61-100  101-150  151-199  200 +

**References**

\_\_\_\_\_  
Electrical Contractor Address City Phone

\_\_\_\_\_  
Customer Address City Phone

\_\_\_\_\_  
Supplier Address City Phone

Why are you interested in joining this Association? \_\_\_\_\_

Check Enclosed Check Number: \_\_\_\_\_ Make Checks Payable to: IEC

MasterCard/Visa Card Number: \_\_\_\_\_ Three digit code on back of card: \_\_\_\_\_

American Express Card Number: \_\_\_\_\_ Four digit code on front of card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Membership shall be continuous. In the case of termination, all dues and fees shall be paid in full as of that date and I agree to discontinue immediately the use of the Association insignia in any form. This application is subject to approval of the Board of Directors.

I authorize investigation of all statements contained herein and certify they are true and correct and hereby make application for contractor membership.

I understand by providing my fax number, I consent to receive faxes sent by or on behalf of the IEC, Fort Worth / Tarrant County Chapter, IEC of Texas and IEC, Inc.

Signed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Board of Directors: \_\_\_\_\_ yes \_\_\_\_\_ no Date: \_\_\_\_\_