



Independent Electrical Contractors, Inc.  
FLORIDA EAST COAST CHAPTER

APPLICATION FOR CONTRACTOR MEMBERSHIP

1. Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
City State Zip  
Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
Other Phone: (\_\_\_\_\_) \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Web Site: \_\_\_\_\_  
Years in Business: \_\_\_\_\_ Number of Field Employees: \_\_\_\_\_
2. Primary Contact Person/Title: *(person to receive mail)*  
\_\_\_\_\_  
Alternate Contact Person/Title: \_\_\_\_\_  
\_\_\_\_\_
3. Type of Membership:  
☐ Contractor Member – Class A (Home office within PBC)  
☐ Contractor Member – Class B (Home office outside PBC)  
(Contractor Members operating under Florida ECLB Licenses EC, ER, and or ET(3).)  
☐ Specialty Contractor – Class A (Home office within PBC)  
☐ Specialty Contractor – Class B (Home office outside PBC)  
(Operating under Florida ECLB Licenses EF, EG, EY, EZ, EH, EI, EJ, ES, and or ET (1), (2), (4), (5).)  
License(s) Held: \_\_\_\_\_  
Name of Certificate/Registration Holder: \_\_\_\_\_
4. Provide concise information, inclusive of dates, of company's origination, business experience, primary type of work performed, specializations, etc. (Use back of application if needed).  
\_\_\_\_\_  
\_\_\_\_\_
5. Type of Work by Percentage:  
\_\_\_\_\_% Commercial      \_\_\_\_\_% Residential      \_\_\_\_\_% Institutional  
\_\_\_\_\_% Industrial      \_\_\_\_\_% Low Voltage      \_\_\_\_\_% Service & Maintenance
6. Owner by Percentage:  
\_\_\_\_\_% Private      \_\_\_\_\_% Federal Gov.      \_\_\_\_\_% Local Gov. / State Gov.
- \_\_\_\_\_  
Signature Title Date

PAYMENT

\_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
NATIONAL DUES IEC - FECC TOTAL AMOUNT TO BE CHARGED / INCLUDED

PAYMENT METHOD: \_\_\_\_\_ CHECK ENCLOSED \_\_\_\_\_ CREDIT CARD

CARD HOLDER'S NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
City State Zip

(AMEX/VISA/MC/DISCOVER): # \_\_\_\_\_ EXP \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_