



APPLICATION FOR CONTRACTOR MEMBERSHIP

1. Company: _____
 Street Address: _____
 Mailing 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 Primary Class A (Operating under FL ECLB Licenses EC, ER, and or ET(3))

License(s) Held: _____
 Name of Certificate/Registration Holder: _____

Specialty Contractor Partner {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. Applicants must be sponsored by two(2) IEC-Florida West Coast Chapter Members in good standing.

Member sponsors: 1. _____ 2. _____

Signature Title Date