



Triangle Independent Electrical Contractors, Inc.
ASSOCIATE MEMBERSHIP APPLICATION



Return completed membership application with payment to:
Triangle IEC, 4216 Atlantic Ave., Raleigh, NC 27604, or email communications@IECI.org.

Company: _____

Address: _____
City ST Zip

Contact: _____ Title: _____

Phone: () Mobile: ()

Email: _____

Website: _____ Facebook: www.facebook.com/_____

Are there other individuals in your company that you would like for them to receive electronic communications from the IEC?

yes no If yes, please provide the following:

Name (first / last): _____ e-mail: _____

Name (first / last): _____ e-mail: _____

Name (first / last): _____ e-mail: _____

ANNUAL DUES ARE \$600

Please check one: \$600 Dues payment - check attached with this application.
\$600 Dues payment to be placed on my VISA / MasterCard / American Express / Discover card identified below.

Credit Card Number: _____

Expiration Date: _____ Three-digit security code on the back of the credit card: _____

Billing Zip Code _____

All Associate memberships are for a 12-month period beginning on the date the signed agreement is received and accepted by Triangle IEC.

ACCEPTANCE OF TERMS:

I, duly sworn authorized agent of the above-named company, on behalf of said company, subscribe and agree to all terms, conditions and authorizations contained herein.

Authorized Signature: _____ Date: _____