

Independent Electrical Contractors

4500 Winters Chapel Road
Atlanta, GA 30360
(770) 242-9277 / (770) 242-9994 Fax
You May Also Join Online at:
www.iecatlantaga.org



2019 Georgia Chapter Contractor Membership Application

Company: _____

Address: _____ City/State/Zip _____ Fed ID# _____

Date Established: _____ Phone Number: _____ Fax _____ Cell Phone: _____

Owner: _____ Email: _____ Number of Field Workers: _____
(including temps, subs, and loaned)

Website: _____ Number of Years in Trade: _____ License Holder _____

Electrical License #'s and state held in: _____

References:

IEC Sponsor (if any)	Company	Individual
Supply House	Address	City Zip Code Phone Number

Type of Work by Percentage:

_____ % Commercial _____ % Residential _____ % Institutional _____ % Government
 _____ % Industrial _____ % Service & Maintenance _____ % Low Voltage _____ % Other

Membership Dues: National and State dues are based upon the number of productive field workers including temporaries, subs or loaned, using the scale below. One quarter of State dues and one quarter of National dues must accompany this application and thereafter dues will be invoiced quarterly. Please circle the category of employees below for both National and State dues. **You are required to become of member of both National & the State IEC.** Membership shall be continuous. In the event of termination or withdrawal, all dues shall be paid in full as of that date.

<u>National Dues Scale</u>		<u>State Dues Scale</u>	
Number of Field Workers	Quarterly	Number of Field Workers	Quarterly
0 - 5	\$ 58.00	0 - 5	\$ 137.00
6 - 10	\$118.00	6 - 15	\$ 219.00
11 - 20	\$233.00	16 - 25	\$ 302.00
21 - 60	\$375.00	26 - 50	\$ 385.00
61 -100	\$536.00	Over 50	\$ 550.00
101-150	\$708.00		
151-200	\$1,061.00		
201+	\$1,294.00		

I understand that by making application to the IEC, I give permission for the IEC to perform credit and license checks and other reference checks as necessary to determine acceptance of my application.

_____ + _____ = _____
 National Dues Georgia Dues Total Amount to be Charged/included

Authorized Signature: _____ Date: _____

Payment Method: Check Enclosed Bill my AMEX/Visa/MC/Discover: # _____ Exp _____ - _____
Auth. Code _____

Bill Me (note: welcome packet and services will not be sent/provided until payment is received)