



**CONTRACTOR MEMBERSHIP APPLICATION**

**Independent Electrical Contractors Association of AZ**

**5024 S. Ash Avenue #109**

**Tempe, AZ 85282**

**Phone (480) 456-4444**

**E-mail: [iecaz@iecaz.org](mailto:iecaz@iecaz.org) Website: [www.iecaz.org](http://www.iecaz.org)**

The applicant agrees with the stated principles of this Association, and agrees to abide by the Rules and Regulations as proclaimed in its Charter and By-laws, and authoritative actions of its Board of Directors. Membership will be continuous, and applicant agrees to pay all dues, assessments and fees when due. This application is subject to the approval of the IEC of Arizona Board of Directors.

**(Please type or print)**

**Company Name:**

**Address:**

**City, State, Zip:**

**E-mail:**

**Office Phone:**

**Fax:**

**Cell:**

**Applicant Name & Company Title:**

**Licenses Held:**

C-11 x \_\_\_\_\_

License No. \_\_\_\_\_

R11 x \_\_\_\_\_

License No. \_\_\_\_\_

A-17 x \_\_\_\_\_

License No. \_\_\_\_\_

K-11 \_\_\_\_\_

License No. \_\_\_\_\_

**Has your license ever been suspended or revoked? If yes, please explain:**

**Years in business:**

**Years in electrical trade:**

**Number of field employees:**

**REFERENCES**

**Electrical Contractor                      Address                      City/Zip                      Phone**

**Supply House                      Address                      City/Zip                      Phone**

**Customer                      Address                      City/Zip                      Phone**

**Signature of Applicant:**

**IECA of Arizona Office Use only**

**Application Checked by:**

**Date:**

**Approved by IECA officer:**