



Independent Electrical Contractors of the Bluegrass, Inc.

493 Blue Sky Parkway, ♦ Lexington, KY 40509 ♦ 859-266-4968 ♦ Fax 859-266-7971 ♦ iecbluegrass.org

Application for Membership

Please check appropriate membership classification

Contractor Associate

Instructions: Please complete this form in its entirety. The primary contact must sign this form in order to be considered for membership. Return to IEC at the above address.

Firm Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ Website _____

Email Address _____

Names of Owner(s), Partner(s) of Corporation

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Person Authorized to represent the firm in IEC activities:

Primary Contact: (*Please note, the primary contact is the person to whom all communications will be addressed.)

Name _____ Title _____

Address (if different than above) _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ Email _____

Firm Profile

Year Founded _____ Number of Employees _____

Parent Company (if applicable) _____

Subsidiary Company (if applicable) _____

Please complete this entire section

Which classification best describes your firm? (Circle all that apply)

- A. Residential Contractor
- B. Commercial Contractor
- C. Industrial Contractor
- D. Service
- E. Data/Telecomm (limited energy)
- F. Low Voltage Power (less than 600 volts)
- G. High Voltage Power

What percent of your firm's work is for the Public Sector _____ % Private _____ %

What percentage of your firm's work is Local _____ % Regional _____ %
National _____ % International _____ %

Major markets and percentage (mark all that apply):

- Residential _____ % Commercial _____ % Light Industrial _____ % Heavy Industrial _____ %
- Low Voltage _____ % High Voltage _____ % Service _____ % Rehab _____ %
- New Construction _____ % Pre Fab _____ % Utility _____ % Other (please specify) _____ %

What is your current annual volume? _____

Do you provide Engineering service? _____

Recommended by: _____

Attestation: The firm hereby makes application for membership in the IEC of the Bluegrass and certifies that the foregoing statements are correct, that it will be governed by the IEC of the Bluegrass Articles of Incorporation and Bylaws. In becoming a member of IEC of the Bluegrass, I/we agree to support IEC of the Bluegrass in its missions. Membership in IEC automatically includes membership in IEC National.

Attest (Signature) _____ Title _____

Name (Printed) _____ Date _____

Tax Implications of Membership: 27.5% of your total dues are used for lobbying expense and therefore non-deductible as a business expense for Federal Income Tax purposes.

IEC Dues Structure

Contractor Membership Dues

A one-time Membership initiation fee of \$350 is due with the submission of this application. Membership dues may be submitted annually, quarterly or monthly as follows:

<u>Category</u>	<u>Productive of Field Employees</u>	<u>Monthly Dues</u>
1	1 – 5	\$100.00
2	6 – 10	\$200.00
3	11 – 20	\$300.00
4	21 – 60	\$350.00
5	60 – 100	\$400.00
6	101– 150	\$450.00
7	151– 200	\$600.00
8	201 + field employees	\$775.00

Associate Membership Dues check one:

- Full Associate Membership \$450 per year
- Associate Sales Representative Membership \$350 per year
- Associate Manufacture Membership \$250 per year

A one-time Associate Membership initiation fee of \$50 is due for all Associate Membership categories with submission of this application.

Payment Information (complete all information):

Name as it appears on card: _____

Credit card: Visa MC Amex Disc card # _____ Exp Date _____ V-Code* _____

Mailing Address: _____ City _____ State _____ Zip _____
(*3 # on signature line on back of card)