



# Middle Tennessee Independent Electrical Contractors, Inc. CONTRACTOR MEMBERSHIP APPLICATION

The applicant, for affiliation in IEC, shall be an independent licensed electrical or low voltage contractor. The applicant states that he/she is in accordance with the stated principles of this association and agrees to abide by the Rules and Regulations of this Association as proclaimed in its By-Laws, and the Authoritative Actions of its Board of Directors. He/She also agrees to pay this association all dues, assessments, and fees when due.

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
City ST Zip

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Principal Owner: \_\_\_\_\_ Company Phone: (\_\_\_\_\_) \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Mobile Phone: (\_\_\_\_\_) \_\_\_\_\_

Electrical Contractor or Contractor License # \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_ Number of Years in Electrical Trade: \_\_\_\_\_

Primary Focus of Business: Commercial \_\_\_ Industrial \_\_\_ Residential \_\_\_ Other \_\_\_\_\_

Are there other individuals in your company that you would like for them to receive electronic communications from IEC?  
 Yes  No

Name (first/last): \_\_\_\_\_ Email: \_\_\_\_\_

Name (first/last): \_\_\_\_\_ Email: \_\_\_\_\_

Name (first/last): \_\_\_\_\_ Email: \_\_\_\_\_

Membership will be continuous. In the event of termination, all dues shall be paid in full as of that date. **The application is subject to approval of the Middle Tennessee IEC, Inc. Board of Directors.**

Please check appropriate dues category for number of field employees **AND** if you would prefer to pay quarterly or annually:

<u>Field Employees</u>	<u>Quarterly Dues</u>	<u>Annual Dues</u>
<input type="checkbox"/> 1-5	<input type="checkbox"/> \$310	<input type="checkbox"/> \$1,240
<input type="checkbox"/> 6-10	<input type="checkbox"/> \$497	<input type="checkbox"/> \$1,988
<input type="checkbox"/> 11-20	<input type="checkbox"/> \$742	<input type="checkbox"/> \$2,968
<input type="checkbox"/> 21-60	<input type="checkbox"/> \$1,264	<input type="checkbox"/> \$5,056
<input type="checkbox"/> 61-100	<input type="checkbox"/> \$1,557	<input type="checkbox"/> \$6,228
<input type="checkbox"/> 101-150	<input type="checkbox"/> \$2,111	<input type="checkbox"/> \$8,444
<input type="checkbox"/> 151-200	<input type="checkbox"/> \$2,728	<input type="checkbox"/> \$10,912
<input type="checkbox"/> 201+	<input type="checkbox"/> \$3,220	<input type="checkbox"/> \$12,880
One Time Application Fee		<input type="checkbox"/> \$250

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Direct Membership Inquiries to: IEC Middle TN | phone (615) 894-7111  
401 Old Hickory Blvd. Old Hickory, TN, 37138  
Return completed membership form with payment to:  
[office@iec-mt.org](mailto:office@iec-mt.org)

Card Type:  MasterCard  Visa

Cardholder Name (as shown on the card): \_\_\_\_\_

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_/\_\_\_\_\_

Cardholder Zip Code (from credit card billing address): \_\_\_\_\_

CVV Code (3 digits on back of card): \_\_\_\_\_

I, \_\_\_\_\_ authorize IEC Middle TN to charge my credit card above in the amount of \$\_\_\_\_\_ for the membership of their organization. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date