



# CONTRACTOR MEMBERSHIP APPLICATION

## COMPANY INFORMATION

Company Name:

Address:

Email Address:  Phone:

Website:  Contracting License #:

Primary Focus of Business: **Industrial:** ☐ **Commercial:** ☐ **Residential:** ☐

Number of Years in Business:  Other Licenses Held:

## CONTACT INFORMATION

Primary Contact:   
(Name and Title)

Email Address:

Office Phone:  Cell Phone:

### OTHER COMPANY CONTACTS (SAME PERSON CAN BE INDICATED FOR MORE THAN ONE FIELD):

Accounts Payable: <input type="text"/>	HR: <input type="text"/>
Email Address: <input type="text"/> Office Phone: <input type="text"/>	Email Address: <input type="text"/> Office Phone: <input type="text"/>
Apprenticeship: <input type="text"/>	General Info: <input type="text"/>
Email Address: <input type="text"/> Office Phone: <input type="text"/>	Email Address: <input type="text"/> Office Phone: <input type="text"/>

## ANNUAL DUES STRUCTURE

<input type="checkbox"/> 1-5 Field Employees   \$1,302	<input type="checkbox"/> 151-200 Field Employees   \$11,458
<input type="checkbox"/> 6- 10 Field Employees   \$2,087	<input type="checkbox"/> 201+ Field Employees   \$13,524
<input type="checkbox"/> 11-20 Field Employees   \$3,116	
<input type="checkbox"/> 21-60 Field Employees   \$5,309	
<input type="checkbox"/> 61-100 Field Employees   \$6,539	<input type="checkbox"/> First Time Application Fee   \$250
<input type="checkbox"/> 101-150 Field Employees   \$8,866	

How many total people do you employ?

How many are field employees?

This application is subject to the approval of the Board of Directors.

Signature of Principal of the Company

Date

Please return completed application and payment to: [office@iec-mt.org](mailto:office@iec-mt.org)

IEC Middle TN

401 Old Hickory Blvd. Old Hickory, TN, 37138