



Independent Electrical Contractors, Inc.

Montana Independent Electrical Contractors(IEC)

P.O. Box 6955, Helena, Montana, 59604

Contact: Margaret Morgan, ED, Phone: (406)431-9836

MEMBERSHIP APPLICATION

The Applicant, for affiliation in the IEC, shall be an Independent Licensed Contractor. The Applicant states that he/she is in accordance with stated principals of this Association, and agrees to abide by the rules and regulations of this Association as proclaimed in its Chapter Bylaws, and by the authoritative actions of its Board of Directors. The Applicant also agrees to pay these Association dues, assessments and fees when due.

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

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Principal \_\_\_\_\_ Web Site Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ License Number: \_\_\_\_\_

Dues

IEC Montana Annual Dues are \$110 per year per master or journeyman and \$60 per year per apprentice.

Number of Masters & Journeymen in Business: \_\_\_\_\_ X \$110.00: \_\_\_\_\_

Number of Apprentices in Business: \_\_\_\_\_ X \$ 60.00: \_\_\_\_\_

Total State IEC Dues: \_\_\_\_\_ Dues: \$ \_\_\_\_\_

National IEC Dues (\$240 for 1-5 employees, \$488 for 6-10 employees, \$968 for 11-20 employees, \$1556 for 21-60 employees) \$ \_\_\_\_\_

Annual Assessment for Apprentice Wireoff Program \$ 35.00

Total Annual Dues . . . . . \$ \_\_\_\_\_

PAYMENT INFORMATION IEC RCD DATE \_\_\_\_\_ Ck# \_\_\_\_\_
Payment must accompany this registration. Please make your check payable to the IEC Montana and mail to:
P.O. Box 6955, Helena, MT 59604
Check \_\_\_\_\_ or Credit Card \_\_\_\_\_ (add 3%)
Charge Visa \_\_\_\_\_ or Master Card \_\_\_\_\_
Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_
Billing Address \_\_\_\_\_
Email for Receipt \_\_\_\_\_
Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Membership shall be continuous. In the event of termination, all dues shall be paid in full as of that date.

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

Please Print Name: \_\_\_\_\_ Title: \_\_\_\_\_