



**Independent Electrical
Contractors**

8625 SW Cascade Avenue, Suite 100
Beaverton OR 97008
503.598.7789 (P) 503.598.1192 (F)

Associate Member Registration Form

The applicant states that he/she is in accordance with the stated principles of this association.
He/she also agrees to pay this association all dues, assessments and fees when due.

Company Name: _____

Type of Services Offered: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____

Primary Contact Name: _____

Title: _____ Phone: _____

Email: _____

Membership Level

Industry Partner - **\$910.00**

OPTIONAL: Include PAC Donation: \$250 \$125 \$50 (circle one)

Authorized Signature: _____

Please Print

Name: _____

Title: _____ Date: _____

By filling in the credit card information below, I authorize IEC of Oregon to charge my card for dues amount listed above.

Credit Card Number: _____

Expiration Date: _____ CCV Code: _____