



**IEC of Idaho Chapter
Independent Electrical Contractors, Inc.**

Associate Application

The applicant for affiliation in the IEC of Idaho shall be a professional in the community who provides services for our members.

PLEASE PRINT:

Company: _____

Address: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Contact: _____ Title: _____

Services Provided _____

Associate Dues: \$350.00 annually (\$285.00 Local \$65.00 National.)

Please submit this form and your payment to:

**IEC of Idaho
PO Box 16541
Boise, ID 83715**

Please make all checks payable to IEC of Idaho.

By signing this form, I agree to the terms of membership and to upholding the IEC Code of Ethics.

Name (Print) _____

Authorized Signature: _____ Date: _____