



CenTex Independent Electrical Contractors

8868 Research Boulevard, Suite 502

Austin, Texas 78758

Ph (512) 832-1333 Fax (512) 832-1883 Toll Free (877) 837-1333

David W. Johnson, Executive Director

www.centexiec.com

CONTRACTOR MEMBERSHIP APPLICATION

The applicant for Contractor Membership in the Association shall be a legally licensed contractor, engaged in the Electrical Construction Industry, in an area served by this Chapter. The applicant agrees to have and maintain a satisfactory reputation with licensing and inspecting authorities and participate in the Chapters programs, support the stated purposes of this Association, pay dues, fees and assessments as outlined below. **The first quarter dues must accompany this application.**

Company Name: _____

Contact: _____ Alternate Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ WebSite: _____

CORPORATION OFFICERS OR OWNERS

Name Title Address

Name Title Address

Name Title Address

The date the above business was established is: _____ and can be documented by _____.

The TDLR Contractor License Number for this company is: _____

This company's TDLR Contractor License is registered in the following jurisdictions:

Jurisdiction Phone Contact Person

Jurisdiction Phone Contact Person

Jurisdiction Phone Contact Person



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REFERENCES

Electrical Contractor	Address	City	Phone
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Electrical Contractor	Address	City	Phone
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Supplier	Address	City	Phone
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Supplier	Address	City	Phone
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Supplier	Address	City	Phone
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I authorize investigation of all statements contained herein and certify that they are true and correct and hereby make application for contractor membership. I concur with the requirements of this membership and authorize the release of my information from the above references, vendors, and jurisdictions for review by the Board of Directors of the CenTex IEC, if necessary, to determine my reputation, credit, and fiscal accountability as a licensed electrical contractor. I agree to abide by the associations bylaws that pertain to this membership and promote and support the interest of a merit shop contractor industry for as long as my membership is current and active.

I understand that this application is subject to approval of the Board of Directors and that a membership granted shall be continuous. In the event of termination of membership, thirty (30) days written notice shall be given. At the time of termination all dues owed to the CenTex IEC Chapter shall be paid in full as of that date, and I agree to discontinue immediately the use of the Association insignia in any form.

In conjunction to signing this contract I also agree to allow the CenTex IEC to include our company in their annual directory and on our website, with information including company name, location, phone, fax, email, web address, TDLR license number, company size and years in business and contact person.

Authorized Signature _____ Date _____

Approved by the Association Board of Directors: Yes No Date: _____

- My check, payable to CenTex IEC, is enclosed
- Please charge my credit card \$ _____ Quarterly Monthly for membership dues.

Card No. _____ Exp Date: _____

Authorized Signature: _____ Date: _____

The CenTex IEC is the association of choice for electrical & specialty contractors in Central Texas



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MONTHLY DUES – CONTRACTOR

The following dues structure is effective beginning **October 1, 2018**. It is based upon the number of field electrical employees only and does not include office staff. Membership dues are invoiced quarterly and payment is due on receipt or you may pay monthly at a higher rate and is due the 1st of each month. All invoices are transmitted via email to your confirmed email address. Authorization of payment by credit card for association dues, events, activities and training tuition is attached.

Category	Number of Employees	Quarterly Dues	Monthly Dues
1	1 - 5	\$524	\$183
2	6 - 10	\$734	\$257
3	11 - 20	\$1,126	\$394
4	21 - 60	\$1,709	\$598
5	61 - 100	\$2,092	\$732
6	101 - 150	\$2,643	\$925
7	151 - 200	\$3,773	\$1,320
8	201 Plus (+)	\$4,803	\$1,681

Please fill in below, the average number of electrical field personnel you employ on a monthly basis in this chapter's jurisdiction. Do not include office staff.

Sign and date, then return this form to the CenTex IEC office, with your application for membership.

If you have any questions regarding the monthly dues schedule, please contact the chapter office.

I certify that we employ _____ electrical field employees.

Authorized Signature

Title

Company Name

Date



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Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to your confirmed email. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize **CenTex IEC** to charge my account or credit card indicated below for \$ _____ on the 1st of each Quarter Month for payment of my association membership dues. **Optional:** In addition to membership dues, I authorize **CenTex IEC** to charge my account or credit card for Events and/or Training Tuition upon confirmed registration.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Checking/ Savings Account

Checking Savings


Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



Credit Card

Visa MasterCard

Amex Discover

Cardholder Name _____

Account Number _____

Exp. Date _____

Sec. Code _____

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **CenTex IEC** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that **CenTex IEC** may at its discretion attempt to process the charge again within 30 days, and agree to an additional **\$100.00** charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card Company; so long as the transactions correspond to the terms indicated in this authorization form.

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