

Columbia Electrical Council

NEW MEMBER APPLICATION

COMPANY NAME _____ DATE _____

ADDRESS _____

CITY, STATE ZIP _____

OFFICE TELEPHONE NUMBER (____) _____

FAX NUMBER (____) _____

WEBSITE _____

CONTACT NAME _____

EMAIL ADDRESS _____

NUMBER OF EMPLOYEES _____

NUMBER OF STUDENTS ANTICIPATED _____

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR COMPANY

WHAT TYPE OF WORK DOES YOUR COMPANY PROVIDE

RESIDENTIAL _____ COMMERCIAL _____ INDUSTRIAL _____

UTILITY _____ SERVICE WORK _____ COMMUNICATIONS _____

SIGNATURE

DATE