

2019 Membership Application



ELECTRICAL CONTRACTOR MEMBERSHIP

Use this form if you are a contractor with no other electricians on staff.

Electrical Contractor Membership is for **MN licensed & bonded electrical contractors only.**

WHICH OF YOUR MEMBERSHIP BENEFITS INTEREST YOU THE MOST?

- | | |
|--|--|
| <input type="checkbox"/> MEA Newsletters and Government Action Alerts | <input type="checkbox"/> Free Listing in the All-Industry Directory |
| <input type="checkbox"/> Lobbying at Legislature | <input type="checkbox"/> Free All-Industry Directory |
| <input type="checkbox"/> Discounts on Class/Apprentice Training | <input type="checkbox"/> Free Wage & Benefit Report for responding to survey |
| <input type="checkbox"/> Networking Opportunities | <input type="checkbox"/> Free Electrical Toolbox Talks |
| <input type="checkbox"/> Discount Programs for Products and Services | <input type="checkbox"/> Free AWAIR Manual |
| <input type="checkbox"/> Market to your customers using the MEA trade name | <input type="checkbox"/> Right to vote on by-laws; attend MEA Board meetings |

**Registering
for a class?**

- I am also registering for a class and need my membership discount!** *If you are registering for a class, check this box and we will apply the membership discount when we process your total order.*

NEW MEMBER INFORMATION:

Company: _____
Designated Contact: _____
License #: _____
Address: _____
City/State/Zip: _____
Phone: _____
Fax: _____
Email: _____
Web Site: _____
of Employees: _____

- IBEW Merit Shop CLA
 YES! I give permission to MEA and its subsidiaries/
affiliates to **FAX** important industry updates and offers.
 YES! I give permission to MEA and its subsidiaries/
affiliates to **EMAIL** important industry updates and offers.

Referred by: _____
How did you hear about MEA? _____

LEGISLATIVE ALERT INFORMATION:

Voting Address: _____
City/State/Zip: _____
Home Phone: _____
County: _____

ENCLOSE PAYMENT WITH APPLICATION:

Yearly Dues: \$195

- Check enclosed Credit Card (Visa, Mastercard, AmEx)

Credit card #: _____

Exp. Date: _____ Security Code: _____ Name on Card: _____

- Enroll in autopay (dues will be drafted from your credit card on file annually)

Billing Address (if different than above): _____

YOUR AREAS OF SPECIALIZATION:

(Check up to 10)

- | | |
|---|--|
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Lighting Retrofit |
| <input type="checkbox"/> Appliances | <input type="checkbox"/> Low Voltage -- Fire Alarms |
| <input type="checkbox"/> Back-up Power Generation | <input type="checkbox"/> Low Voltage -- Nurse Call |
| <input type="checkbox"/> Bucket Truck | <input type="checkbox"/> Low Voltage -- Security/
Alarm |
| <input type="checkbox"/> Building Automation | <input type="checkbox"/> Mobile Home Park Wiring |
| <input type="checkbox"/> Cable Plowing & Trenching | <input type="checkbox"/> Motor Control Specialist |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Motor Rewinding |
| <input type="checkbox"/> Communications/Data
Cabling | <input type="checkbox"/> Power Boring |
| <input type="checkbox"/> Crane Service | <input type="checkbox"/> Power Quality Analyzing |
| <input type="checkbox"/> Design/Build | <input type="checkbox"/> Programmable Logic |
| <input type="checkbox"/> Electrical Engineers | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Electric Space Heating | <input type="checkbox"/> Roadway Boring |
| <input type="checkbox"/> Energy Maintenance | <input type="checkbox"/> Satellite |
| <input type="checkbox"/> Fiber Optics Installations | <input type="checkbox"/> Sign-High Voltage Wiring |
| <input type="checkbox"/> Grain Elevator | <input type="checkbox"/> Sign Maintenance |
| <input type="checkbox"/> Hazardous Locations | <input type="checkbox"/> Signalling |
| <input type="checkbox"/> High Voltage Construction/
Overhead & Underground | <input type="checkbox"/> Solar Photo - Commercial |
| <input type="checkbox"/> Home Automation | <input type="checkbox"/> Solar Photo - Residential |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Sound Systems |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Sports Arena-Field Lighting |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Street Lighting |
| <input type="checkbox"/> Industrial Auto/PLC | <input type="checkbox"/> Swimming Pools |
| <input type="checkbox"/> Institutional Schools | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Irrigation Systems | <input type="checkbox"/> Transformer Installation or
Change-Out |
| <input type="checkbox"/> Landscape Lighting | <input type="checkbox"/> Trenching |
| <input type="checkbox"/> Lighting Maintenance | <input type="checkbox"/> Underground Repairs |
| | <input type="checkbox"/> Other _____ |

Return your membership application with payment to MEA:

MAIL
3100 Humboldt Ave S
Minneapolis, MN 55408

PHONE
612-827-6117
800-829-6117

FAX
612-827-0920

EMAIL NOW
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electricalassociation.com