

2024 Membership Application



CORPORATE MEMBERSHIP

Corporate Membership is for *companies who employ a master electrician or licensed electrical personnel.*

WHICH MEMBER BENEFITS INTEREST YOU THE MOST?

- | | |
|--|---|
| <input type="checkbox"/> Newsletters and Government Action Alerts | <input type="checkbox"/> Free Electrical Toolbox Talks / AWAIR Manual |
| <input type="checkbox"/> Advocacy at Legislature | <input type="checkbox"/> Free Wage & Benefit Report for responding to survey |
| <input type="checkbox"/> Discounts on Class/Apprentice Training | <input type="checkbox"/> Association Health Care Plan |
| <input type="checkbox"/> Networking Opportunities | <input type="checkbox"/> Association 401(k) |
| <input type="checkbox"/> Discount Programs for Products and Services | <input type="checkbox"/> Free 8 hrs Association code class for you or one of your employees |
| <input type="checkbox"/> Discounts on Private, Customized On-Site Training | |



Registering for a class?

- I am also registering for a class and need a 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

Referred by: _____

How did you hear about us? _____

Electrical Association members will receive promotional emails on a regular basis for products and services offered to assist their business needs.

ENCLOSE PAYMENT WITH APPLICATION:

Yearly Dues: \$500 (for corporations with one location) / \$1400 (for corporations with more than one location)

- 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):

Return your membership application with payment:

MAIL
3100 Humboldt Ave S
Minneapolis, MN 55408

PHONE
612-827-6117
800-829-6117

FAX
612-827-0920

EMAIL
info@
electricalassociation.com