

# 2024 Membership Application



## TECHNOLOGY SYSTEMS CONTRACTORS

*Use this form if you employ 2-7 electricians.*

Technology Systems Contractor Membership is for **MN licensed technology system contractors only.**

### WHICH MEMBER BENEFITS INTEREST YOU THE MOST?

- |  |  |
|--|--|
| <input type="checkbox"/> Newsletters and Government Action Alerts    | <input type="checkbox"/> Free Wage & Benefit Report for responding to survey |
| <input type="checkbox"/> Advocacy at Legislature                     | <input type="checkbox"/> Free Electrical Toolbox Talks & AWAIR Manual        |
| <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"/> Market using the Association trade name     | <input type="checkbox"/> Free 8 hrs Association Code class                   |
| <input type="checkbox"/> Discount Programs for Products and Services | <input type="checkbox"/> Project 2 Payment                                   |



**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  
 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