



"Florida's Electrical Industry Leader"

Membership Application

Please review the Membership Categories and Dues Structure below. Once the appropriate membership level is selected and the application is filled out, please indicate which chapter you wish to join and return the form to the address below. Corporate Members, please copy this application for each additional member who will be joining ECF.

Membership Categories and Dues Structure

Individual Membership - \$235.00

- Provides a single membership in the selected local chapter.

Corporate Membership - \$325.00

- Provides a single membership in the selected chapter and participation in the Electrical Council Action Planning Committee (ECAP).

Additional Corporate Member - \$135.00

- Provides an additional membership for an individual within the same firm. Corporate membership must have been previously purchased.

Apprentice/ Student Memberships

- Apprentice/ student members may participate in chapter activities but may not hold office or attend free CE training.

Apprentice/Student Membership with no sponsor - \$25.00

Apprentice/ Student Membership sponsored by ECF member – No Charge

All ECF members receive digital News N' Views magazine and local chapter updates. ECF Contractor members are eligible to attend ECF State sponsored Continuing Education programs at no charge.



You may pay by Cash, Check or Credit Card or Money Order.
Dues to ECF are not deductible as charitable contribution for Federal Tax purposes, however, such dues may be deductible under other sections of the Internal Revenue Code. Please contact your tax advisor.

Name: _____ Company: _____

Address: _____

Email: _____ Fax: _____

Work Phone: _____ Cell Phone: _____

License #1: _____ License #2: _____ License #3: _____

Chapter Requested: -Tampa - Pasco-Hernando - Ridge - Volusia - Edison - Manasota - Ocala - Pinellas
 - Central - Space Coast - Palm Beach - Miami-Dade - North Central - North East - At-Large

Recommended By: _____ Company Website: _____

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|---|---|--|--------------------------------------|
| Check all that apply: | <input type="checkbox"/> Electrical Inspector | <input type="checkbox"/> Utility | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Electrical Contractor | <input type="checkbox"/> Manufacturers & Reps | <input type="checkbox"/> Consulting Engineer | |
| <input type="checkbox"/> Electrical Supplier | <input type="checkbox"/> Telecommunications | <input type="checkbox"/> Facilities Engineer | |
| <input type="checkbox"/> Electrical Distributor | <input type="checkbox"/> HVAC Contractor | <input type="checkbox"/> Low Voltage | |

Payment is enclosed. Total amount enclosed is \$_____.

I am sending my payment to the ECF office. (address listed below)

I would like an electronic invoice sent to the email listed above so I can pay with Credit Card.

By submitting this application, I authorize ECF to communicate with me using the address, phone, fax and email listed above.

Signature: _____

Date: _____