

# Passaic County Electrical Contractors Association

P.O. Box 287, Little Falls, NJ 07424  
Phone: (973) 256-2711 • E-mail: pceca@optonline.net

## Membership Application

Date: \_\_\_\_\_

- 1) Applicant's Name \_\_\_\_\_ Age of Applicant \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home phone # \_\_\_\_\_ Number of years as an electrical contractor \_\_\_\_\_
- 2) Business name \_\_\_\_\_ Bus. Phone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
License # \_\_\_\_\_ Bus Permit # \_\_\_\_\_ E-mail \_\_\_\_\_  
Fax # \_\_\_\_\_ Cell # \_\_\_\_\_
- 3) This business is a: Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_ Sole proprietorship \_\_\_\_\_
- 4) Names and addresses of partners or officers:  
\_\_\_\_\_  
\_\_\_\_\_
- 5) Name of sponsoring contractor/member \_\_\_\_\_

Please make a copy of this application, fill it out in its entirety and mail it, along with a check, in the amount of \$300.00 to PCECA at the above address

**YOUR CHECK WILL BE HELD IN ESCROW PENDING THE APPROVAL OF THE EXAMINING COMMITTEE AND EXECUTIVE BOARD**

I hereby swear that the information submitted herewith is true to the best of my knowledge and will agree to uphold the bylaws of this association.

\_\_\_\_\_  
Signature of Applicant

**Do Not Write Below This Line**

\_\_\_\_\_  
Approved \_\_\_\_\_ Date \_\_\_\_\_

Examining Committee \_\_\_\_\_