

Passaic County Electrical Contractors Association

P.O. Box 287 Little Falls, NJ 07424

Phone : (973) 256-2711 E-mails : pceca2021@gmail.com and pcecanj@gmail.com

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 \$400.00, 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

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Do Not Write Below This Line

Approved _____ Date _____

Examining Committee _____