



Electrical Contractors Association of British Columbia

Application for REGULAR (Union) Membership (2009)

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Email: \_\_\_\_\_

We have been in Electrical business for \_\_\_\_\_ Year(s)

Electrical Contracting is our Principle Business  Yes  No

We are parties to a Labour Agreement with: \_\_\_\_\_ Local# \_\_\_\_\_

Total # of employees: \_\_\_\_\_ Total # of journeymen: \_\_\_\_\_ Total # of apprentices: \_\_\_\_\_

We are a:  Proprietorship  Partnership  Corporation

Contractor's License Number: \_\_\_\_\_

General Contractors References (2)

Firm Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Supplier References (2)

Firm Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

ECABC Member Reference (1 or 2 if possible)

Firm Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I/We agree when accepted for membership, to pay via industry funds, with any balance not covered by industry funds to be paid directly to ECABC.

I/We agree to abide by the Constitution and Bylaws of ECABC and to co-operate with the Association in all of its objectives to strengthen the electrical construction industry.

I/We understand that, when accepted for membership, we will receive a membership plaque and will have the right to use the Association emblem on our station, advertising and for other acceptable business purposes. We also agree that, should our membership be terminated, we shall surrender the plaque and immediately discontinue use of the emblem.

I/We agree to provide the Association with the following documentation:

- Proof of Liability Insurance for a minimum of \$2m (faxed or mailed copy)
- WorkSafeBC clearance letter (faxed or mailed copy)

**Dues by Structure**  
Membership Dues:  
Minimum \$300 per year  
(Via industry funds  
remittances: any balance  
not covered by industry  
funds to be paid directly  
to ECABC)  
Plus Chapter Dues (as  
applicable)

Owner(s) Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please print name of appointed representative: \_\_\_\_\_



**Specific Areas of Specialization** (pick as many as are relevant to your company)

- |                              |                          |                                     |                          |
|------------------------------|--------------------------|-------------------------------------|--------------------------|
| Power Factor                 | <input type="checkbox"/> | Electro Magnetic Field Interference | <input type="checkbox"/> |
| Transient Voltages           | <input type="checkbox"/> | Harmonics                           | <input type="checkbox"/> |
| Ancillary equipment, testing | <input type="checkbox"/> | CB Testing and calibration          | <input type="checkbox"/> |
| Oil reclamation              | <input type="checkbox"/> | IR Scanning                         | <input type="checkbox"/> |
| Renewable energy             | <input type="checkbox"/> | Security systems                    | <input type="checkbox"/> |
| Fire alarm systems           | <input type="checkbox"/> | Telecommunications                  | <input type="checkbox"/> |
| Data wiring/cabling          | <input type="checkbox"/> | Fibre optics                        | <input type="checkbox"/> |
| Computer systems             | <input type="checkbox"/> | Programmable controllers            | <input type="checkbox"/> |
| Line Distribution            | <input type="checkbox"/> | Street Lighting                     | <input type="checkbox"/> |
| Service Trucks               | <input type="checkbox"/> |                                     |                          |

**General Areas**

- |                     |                          |                               |                          |
|---------------------|--------------------------|-------------------------------|--------------------------|
| Commercial          | <input type="checkbox"/> | Industrial                    | <input type="checkbox"/> |
| Data Communications | <input type="checkbox"/> | Electrical Equipment supplier | <input type="checkbox"/> |
| Manufacturer        | <input type="checkbox"/> | Residential                   | <input type="checkbox"/> |
| Power Systems       | <input type="checkbox"/> | Security                      | <input type="checkbox"/> |
| Other _____         | <input type="checkbox"/> | All                           | <input type="checkbox"/> |

<i>Application Approval</i>	Received	<input type="checkbox"/> Proof of Insurance	<input type="checkbox"/> WorkSafeBC Clearance letter
_____	_____	_____	_____
President		Chair, Membership Committee	
_____	_____	_____	_____
Executive Director		Date	