



Electrical Contractors Association of British Columbia

Application for REGULAR (Open Shop) Membership (2010)

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

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

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

Contact Person \_\_\_\_\_ Email \_\_\_\_\_

We have been in business for \_\_\_\_\_ years Electrical Contracting is our Principal Business  Yes  No

Electrical Contracting is our Principal Business  Yes  No

Total # of Employees \_\_\_\_\_ Total # of Journeyman \_\_\_\_\_ Total # of Apprentices \_\_\_\_\_

We are a:  Proprietorship  Partnership  Corporation

Our work is: Please see attached listing and fill out accordingly

General Contractors references (2)

Firm Name \_\_\_\_\_ Contact \_\_\_\_\_ Tel: \_\_\_\_\_

Firm Name \_\_\_\_\_ Contact \_\_\_\_\_ Tel: \_\_\_\_\_

Supplier Reference (2)

Firm Name \_\_\_\_\_ Contact \_\_\_\_\_ Tel: \_\_\_\_\_

Firm Name \_\_\_\_\_ Contact \_\_\_\_\_ Tel: \_\_\_\_\_

ECABC Member references (1 or 2, if possible):

Firm Name \_\_\_\_\_ Contact \_\_\_\_\_ Tel: \_\_\_\_\_

Firm Name \_\_\_\_\_ Contact \_\_\_\_\_ Tel: \_\_\_\_\_

Annual Sales Volume (previous Fiscal Year)\*: \_\_\_\_\_ \* Regular (Open Shop) Membership dues are based on sales volume. Please call us to discuss the applicable dues and payment options.

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 agree, when accepted for membership, to pay dues annually or bi-annually as agreed.

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 stationary, advertising and for other acceptable business purposes. We also agree that, should our membership be terminated, we shall surrender the plaque and immediately discontinue the 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)

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

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

Application Approval box containing signature lines for President, Executive Director, Chair, Membership Committee, and Date.



ECABC Regular (Non-IBEW) Member Dues Structure			
Class	Sales Volume (\$)		Annual Dues + GST
A	0	500,000	300
B	500,001	1,500,000	600
C	1,500,001	2,500,000	1,200
D	2,500,001	5,000,000	2,400
E	5,000,001	10,000,000	3,600
F	10,000,001	15,000,000	4,800
G	15,000,001	20,000,000	6,000
H	20,000,001	+	7,200

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

- |                                     |                          |                              |                          |
|-------------------------------------|--------------------------|------------------------------|--------------------------|
| Power factor                        | <input type="checkbox"/> | Transient Voltages           | <input type="checkbox"/> |
| Oil reclamation                     | <input type="checkbox"/> | Ancillary equipment, testing | <input type="checkbox"/> |
| Harmonics                           | <input type="checkbox"/> | CB Testing and calibration   | <input type="checkbox"/> |
| Renewable energy                    | <input type="checkbox"/> | IR Scanning                  | <input type="checkbox"/> |
| Fire alarm systems                  | <input type="checkbox"/> | Security 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"/> |
| Electro Magnetic Field Interference | <input type="checkbox"/> |                              | <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"/> |