



### WECA Industry Partner Membership Application

Please accept my application for Industry Partner Membership with Western Electrical Contractors Association, Inc. (WECA). I agree to abide by the Association's Industry Partner Member Code of Ethics (below) while my membership is current and active.

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

Contact: \_\_\_\_\_ Alternate Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Cellular: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_ Web Site: \_\_\_\_\_

Main business: \_\_\_\_\_

Industry Partner Annual Membership Dues: **\$825**

*(WECA Industry Partner Membership packages are for a twelve-month period beginning on the date the signed agreement is received and accepted by the WECA Board of Directors.)*

#### Industry Partner Membership Benefits:

- At no charge, a listing of your company name, logo and two-line message on the WECA website
- Twenty percent discount on advertisements placed in *The WECA News* or *The Student Times*
- Twenty percent discount on any *available* sponsorships for the following events:
  - \*Annual Charity Golf Tournament
  - \*Annual Installation of Officers
  - \*Graduation Ceremonies
  - \*Others identified by the Association
- The option to provide discount coupons as inserts to monthly member billing statements

My check payable to WECA is enclosed

Please charge my credit card (VISA or MasterCard only)

Name: \_\_\_\_\_ Card #: \_\_\_\_\_ Exp date: \_\_\_\_\_

***WECA Industry Partner Member Code of Ethics:*** *As an Industry Partner Member, we agree to conduct our business affairs with all WECA members and prospective members in an honorable and ethical manner. We agree that, with respect to these individuals and companies, we will not intimidate or misrepresent our products and services, whether in written, verbal, electronic or any other form of communication; misuse the WECA logo, name, mailing list or other representation of the Association; operate under any conflicts of interests until and unless fully disclosed and agreed upon by all involved parties or conduct any other inappropriate business activities as identified by the Association.*

Authorized Representative name (please print): \_\_\_\_\_

Authorized Representative signature (original): \_\_\_\_\_ Date: \_\_\_\_\_

***Thank you for supporting WECA! Please mail signed Application to WECA Membership at the address listed below.***

**WECA use only: Membership Manager Initials \_\_\_\_\_**

## Member Preferred Method of Contact Form

In an effort to "Go Green", WECA has configured its database to automatically send reports and letters to Member's based on their preferred method of contact (via e-mail, fax or regular mail). WECA will need to identify the correct contact information for employees for each company so that reports and letters can be sent to the appropriate person. Please complete this form for who will be responsible for receiving reports or correspondence from WECA. Examples of important reports that will be affected include: student final grades, disciplinary letters, class notification letters, dispatches, Monthly Invoice Reports (MIR) and Membership Invoice. If you wish to change your preferred method of contact or request a hard copy of any documentation in the future, please contact Audra Jamieson at (877) 444-9322, ext# 140.

Please mail to WECA: 3695 Bleckely Street, Rancho Cordova, CA 95655 or fax to (916) 452-701 attention Audra Jamieson.

**Attention: If requesting email to be your preferred method of contact, you must have the following system requirements in order to view and open documents: Microsoft Word and Excel 2003 or Greater**

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

Owner's name if different from Primary Contact: \_\_\_\_\_

E-mail: \_\_\_\_\_ Mobile Number: (\_\_\_\_) \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

**Check only one Preferred Method of Contact:**  Email  Fax  Mail (To Business Address on File)

**Check one or more:**  MIR Monthly Invoice worksheets/Reminder Notices/Membership Dues Invoices

Apprentice Progression & Discipline Correspondence Letters  Dispatch  Newsletters/E-Bulletins

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

**Check only one Preferred Method of Contact:**  Email  Fax  Mail (To Business Address on File)

**Check one or more:**  MIR Monthly Invoice worksheets/Reminder Notices/Membership Dues Invoices

Apprentice Progression & Discipline Correspondence Letters  Dispatch  Newsletters/E-Bulletins

### Additional Staff

Name \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

**Check only one Preferred Method of Contact:**  Email  Fax  Mail (To Business Address on File)

**Check one or more:**  MIR Monthly Invoice worksheets/Reminder Notices/Membership Dues Invoices

Apprentice Progression & Discipline Correspondence Letters  Dispatch  Newsletters/E-Bulletins

Name \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

**Check only one Preferred Method of Contact:**  Email  Fax  Mail (To Business Address on File)

**Check one or more:**  MIR Monthly Invoice worksheets/Reminder Notices/Membership Dues Invoices

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E-mail: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

**Check only one Preferred Method of Contact:**  Email  Fax  Mail (To Business Address on File)

**Check one or more:**  MIR Monthly Invoice worksheets/Reminder Notices/Membership Dues Invoices

Apprentice Progression & Discipline Correspondence Letters  Dispatch  Newsletters/E-Bulletins

PLEASE MAKE ADDITIONAL COPIES AS NEEDED