



**Independent Electrical
Contractors**

**Northern Ohio Electrical Contractors Association/ IEC
NOECA / IEC
2017 Associate Application for Membership**

Company _____

Website _____

Contact Name _____

Email _____

Secondary Contact _____

Email _____

Address _____

Phone _____ Fax _____

Associate Member \$275 A check payable to NOECA is enclosed

Payment of dues for one year of membership is required with this application

Membership dues cover Associate Membership in both NOECA/IEC and IEC National. By joining, you are giving us permission to contact you via email and/or fax to deliver up-to-date member benefits and information.

**By signing this application, I agree to the terms of membership and to upholding the attached
NOECA / IEC Code of Ethics**

Name: _____

Signature: _____

Date: _____

**Northern Ohio Electrical Contractors Association / IEC
NOECA / IEC
P.O. Box 770901 ~ Lakewood, OH 44107
Ph: (440) 333-8025 ~ Fax: (440) 412-7064 ~ NOECAIEC.Exec@gmail.com**