



Independent Electrical Contractors of Southern Arizona

Associate Membership Application

Company Name _____

Type of Business _____

Company Representative _____

Title _____ Time with Company _____

Company Address _____

City _____ State _____ Zip Code _____ Phone _____

Fax _____ E-Mail _____

Website Address _____

No. of Personnel in Company _____ Year Established in Arizona _____

Potential Clients should Contact _____

Phone _____ FAX _____ Email _____

In 25 words or less, describe the services and/or products of your company

Signature _____

QUESTIONS?

Contact Joanna Grassinger, Marketing & Member Relations Manager
at 520-795-9473 or by email at joanna@iecsaz.org

*Please enclose a check for **\$500** payable to **IEC of Southern Arizona**
and mail this application to the address listed below*

IEC of Southern Arizona

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Phone (520) 795-WIRE (9473) • FAX (520) 323-3399 • Website www.iecsaz.org