



# Contractor Member Application

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The below applicant for membership in the IEC shall be an independent licensed contractor. The applicant states that he/she is in accord with the stated principles of this Association and agrees to abide by the Bylaws and authoritative actions of its Board of Directors. The applicant agrees to supply the below requested references. Applicant also agrees to pay this Association all dues, assessments, and applicable fees as established by the Association.

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

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

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

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

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Toll Free Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Billing to Attention of: \_\_\_\_\_

Please list the names and titles of company owner(s) and officer(s) – (use back of form if necessary):

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

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

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

State License# and Type \_\_\_\_\_

Safety Director: \_\_\_\_\_

Apprentice Coordinator: \_\_\_\_\_

Initial Here \_\_\_\_\_  
NNMIEC \_\_\_\_\_

Please designate a primary contact to receive communications from NNMIEC:

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

Please supply contact information for the primary contact if different from company's information:

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

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Toll Free Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please designate an Apprenticeship Coordinator to receive communications from NNMIEC about apprenticeship.

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

Please supply contact information for the apprenticeship coordinator if different from company's information:

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

City, State, & Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Toll Free Number: \_\_\_\_\_ Pager Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Please supply the following references:

\_\_\_\_\_  
Electrical Contractor

\_\_\_\_\_  
Address, City, State, Zip and Telephone Number

\_\_\_\_\_  
Supply House

\_\_\_\_\_  
Address, City, State, Zip and Telephone Number

\_\_\_\_\_  
Customer

\_\_\_\_\_  
Address, City, State, Zip and Telephone Number

Initial Here \_\_\_\_\_  
NNMIEC \_\_\_\_\_

Your membership will be continuous. In the event of termination, all dues shall be paid in full as of that date. This application is subject to approval of the NNMIEC Board of Directors.

**A. NNMIEC Annual Dues**

The NNMIEC Board of Directors has approved the following dues structure:

| <b>Category</b> | <b># of Productive Electrical Employees</b> | <b>Annual Dues</b> | <b>Due each Quarter</b> |
|-----------------|---------------------------------------------|--------------------|-------------------------|
| <b>1</b>        | <b>1-5</b>                                  | <b>\$1432</b>      | <b>\$358</b>            |
| <b>2</b>        | <b>6-10</b>                                 | <b>\$1716</b>      | <b>\$429</b>            |
| <b>3</b>        | <b>11-20</b>                                | <b>\$2000</b>      | <b>\$500</b>            |
| <b>4</b>        | <b>21-60</b>                                | <b>\$2572</b>      | <b>\$643</b>            |
| <b>5</b>        | <b>61-100</b>                               | <b>\$3576</b>      | <b>\$894</b>            |
| <b>6</b>        | <b>101-150</b>                              | <b>\$4052</b>      | <b>\$1013</b>           |
| <b>7</b>        | <b>151-200</b>                              | <b>\$4528</b>      | <b>\$1132</b>           |

NNMIEC dues are billed quarterly. Please circle the applicable category above.

**B. NNMIEC Monthly Assessments**

If approved:

Each month you will receive an invoice from NNMIEC showing a line for your monthly assessment which is calculated, on private work, at \$.21 per hour for each productive electrical worker (Journeyman, Apprentice or Foreman). On Public Works jobs the hourly assessment is calculated at the pre-determined amount for apprenticeship. Invoices will show a zero amount due for assessments because **you** must determine each month's assessment based on your total hours worked for that respective month. Amounts due are payable net 25 days of the invoice date. If you have questions, please do not hesitate to call our office at 505-266-6458.

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Please complete this section based on the above information.

Number of productive electrical workers \_\_\_\_\_ Quarterly Dues \$ \_\_\_\_\_

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Initial Here \_\_\_\_\_  
NNMIEC \_\_\_\_\_

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My signature below indicates that I have filled out the Membership Application and that I am in agreement with all of the above.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name of Authorized Signer

\_\_\_\_\_  
Date

Please submit completed application to:

NNMIEC  
5031 Indian School Rd. NE  
Suite 100  
Albuquerque, NM 87110

An application fee of \$100.00 must be enclosed.

Approved on \_\_\_\_\_

Signature of NNMIEC Executive Director \_\_\_\_\_