



New Jersey Chapter

New Jersey Independent Electrical Contractors

21 Commerce Drive, Suite 202, Cranford, NJ 07016

732-582-2579 --- www.nj-iec.org

*Company: _____

*Contact Name: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Phone: _____ *Fax: _____ *E-mail: _____

***Indicates required information. Membership dues cover membership in both the Chapter and the National Organizations. By joining IEC you are giving permission for us to contact you via email and fax to deliver up-to-date member benefits. 11.05 % of membership dues is allocated for lobbying activities and is therefore non-deductible as a business expense for federal income tax purposes in 2018. (Subject to change.) [IRC 162(e) and 6033(e)]**

Contractor Member: Number of Field Employees _____*

Dues are based on number of Field Employees (electricians, journeymen, apprentices, estimators, etc.). IEC Membership also includes your key staff as members under your company's membership. *NJ-IEC Board of Directors Reserves the Right to Verify Accuracy of Contractor Member Category

2018 Contractor Categories:

2018 Annual Dues

<input type="checkbox"/> Category 1A:	1-2 field employees	\$ 605.00
<input type="checkbox"/> Category 1:	3-5 field employees	\$ 755.00
<input type="checkbox"/> Category 2:	6-10 field employees	\$ 980.00
<input type="checkbox"/> Category 3:	11-20 field employees	\$1,325.00
<input type="checkbox"/> Category 4:	21-60 field employees	\$1,655.00
<input type="checkbox"/> Category 5:	61-100 field employees	\$1,935.00
<input type="checkbox"/> Category 6:	101-150 field employees	\$2,975.00
<input type="checkbox"/> Category 7:	151-200 field employees	\$3,605.00
<input type="checkbox"/> Category 8:	201+ field employees (max)	\$4,260.00

PAYMENT METHOD:

Dues must be paid in full for annual membership. If extenuating circumstances exist, contact Executive Director Lynne Hovanec at executivedirector@nj-iec.org or 732-582-2579. She will bring the matter to the NJIEC Board of Directors who will review the circumstances on a case by case basis.

Payment:

Please charge my Visa MasterCard AmEx

Card Number _____ CVV Security Code _____

Amount: \$ _____ Exp. Date: _____ Name on Card _____

Billing Address _____ Zip Code _____

Authorized Signature: _____

Make all checks payable to: **NJ-IEC** and mail all payments (checks and credit card authorizations) to: **NJ-IEC, 21 Commerce Drive, Suite 202, Cranford, NJ 07016**