



New Jersey | Independent Electrical Contractors

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New Jersey Chapter

Credit Card Payment Authorization Form

- 1) **NEW – Pay Your Annual NJ-IEC membership dues via quarterly credit card Payments.**
- 2) **I understand that I must agree to an Annual membership to be eligible for quarterly dues payments.**

I authorize the NJ-IEC to keep my signature on file and to charge my credit card account on an ongoing basis for my NJ-IEC Membership Dues. I understand that this authorization is valid unless I cancel through written notice to the NJ-IEC. I agree to notify the NJ-IEC if there are any changes to my credit card account information

Please charge my credit card on a quarterly basis for my NJ-IEC membership based upon my company's current number of field employees*: (check one)

__ 1-5- \$156.25, __ 6-10- \$202.50, __ 11-20- \$295.00, __ 21-60- \$365.00, __ 61-100- \$430.00,
__ 101-150- \$522.00, __ 151-200- \$645.00, __ 200+- \$802.00

*Amounts shown represent the 2009 quarterly payment amount that will be charged to your credit card, quarterly payments will be adjusted annually to reflect changes if any in NJ-IEC membership dues.

Signature: _____ Expiration Date _____ 3 Digit Code _____

*** Required field** _____ **Credit Card:** __ Visa / __ MasterCard / __ American Express

*Card Number _____ *Expiration Date _____ *3 Digit Card Code _____

*Name as it appears on Card _____

*Billing Address _____

*Phone _____ *Email _____

*** Member Signature** _____ **Date** _____

Optional PAC Donation

- I would like to make a one time donation to the NJEC-PAC in the amount of (check one):
A Donation to the PAC helps NJ-IEC protect our industry's interests in Trenton
- Your donation will automatically be listed within one of the following 4 categories:
 - * Gold \$1,000.00+, *Silver \$500.00 through \$999.00, *Copper \$250.00 through \$499.00,
 - *Aluminum Up To \$249.00, ~ Please charge my card for a PAC Donation of \$ _____

**We are required to request the following information by the
New Jersey Election Law Enforcement Commission (ELEC)**

*Name _____

*Address _____

*City _____ *State _____ *Zip _____

*Phone _____

*Employer Name _____

*Employer Address _____

*Occupation _____

*** Member Signature** _____ **Date** _____