

CAPE FEAR ELECTRICAL CONTRACTORS ASSOCIATION MEMBERSHIP FORM



PLEASE PRINT

Name: _____
(Last) (First) (Middle Initial) (Sr, Jr, III, ect.)

Name of Business: _____

Business Address: _____

City of Business: _____ State: _____ Zip Code: _____

County of Business: _____

Social Security No. – last 4 digits only (for CEU Credits): _____

License Number: _____ State of License: _____

E-mail: _____

Website _____

Work Phone: _____ Cell Phone: _____

I acknowledge the payment of my yearly CFECA dues & meals in the amount of \$250.00. CFECA EIN# 82-2006829

DATE _____

Please check your membership type:

Electrical Contractor

Sponsorship

Please remit membership dues of \$250.00 to:

CFECA c/o Tim Norris
4209 Edna Buck Rd
Castle Hayne, NC 28429
910-675-9071

CREDIT CARD NUMBER _____

EXP DATE: _____

SECURITY CODE _____

BILLING ADDRESS FOR CREDIT CARD

STREET ADDRESS _____

CITY, STATE, ZIP _____

SIGNATURE _____