



WECA Corporate Headquarters and Sacramento Region Training Facility

3695 Bleckely Street
Rancho Cordova, CA 95655
Call: (877) 444-9322
Fax: (916) 452-7011

Email: membership@goweca.com

WECA Industry Partnership Application

Please accept my application for Industry Partner Membership with Western Electrical Contractors Association, Inc. (WECA). I agree to abide by the Association's Industry Partner Member Code of Ethics (below) while my membership is current and active.

Company Name: _____ **Contact:** _____

Alternate Contact: _____ **Website:** _____

Email (Preferred Contact Address): _____

Mailing Address: _____

City: _____ **State:** _____ **ZIP:** _____

Business Phone: (_____) _____ **Business Fax:** (_____) _____

Primary Product(s) or Service(s) Offered: _____

How did you hear about WECA? (check all that apply): WECA Web site Referred by: _____

Received Information by Mail WECA Communication or Press Release Political or Community Event

Google or Online Ad Other: _____

Reasons for WECA Industry Partnership (check all that apply): WECA eNewsletter and Communications Outreach
 Promotional Benefits Social Media Promotional Benefits Logo display on WECA website and in Conference Facility
 Preferred Sponsorship Opportunities at WECA Events Support Electrical Industry Support WECA and Merit Shop Efforts
 Community Involvement/Networking Other (please specify): _____

Are there Industry Partnership benefits we don't yet offer, which would be valuable to you? Please specify:

Industry Partner Annual Membership Dues: \$825

(WECA Industry Partner Membership packages are for a twelve-month period commencing on the 1st of the month the agreement is received and accepted by the WECA Board of Directors.)

My check payable to WECA is enclosed Please charge my credit card (VISA or MasterCard only)

Name: _____ **Card #:** _____

Exp date: ____/____/____ **CVV:** _____

WECA Industry Partner Member Code of Ethics: As an Industry Partner Member, we agree to conduct our business affairs with all WECA members and prospective members in an honorable and ethical manner. We agree that, with respect to these individuals and companies, we will not intimidate or misrepresent our products and services, whether in written, verbal, electronic or any other form of communication; misuse the WECA logo, name, mailing list or other representation of the Association; operate under any conflicts of interests until and unless fully disclosed and agreed upon by all involved parties or conduct any other inappropriate business activities as identified by the Association.

Authorized Representative name (please print): _____

Authorized Representative signature (original): _____ **Date:** _____

Thank you for supporting WECA! Please returned signed Application to WECA Membership via mail, scan, or fax.

Preferred Method of Contact Form

In an effort to "Go Green", WECA has configured its database to automatically send communications to Member's based on their preferred method of contact (e-mail, fax or regular mail).

Please identify the correct contact information for each employee who should receive communications from WECA.

Company Name: _____

Primary Contact: _____ Title: _____

E-mail: _____ Mobile Number: _____

Phone Number: _____ Ext: _____ Fax Number: _____

Check only one Preferred Method of Contact: Email Fax Mail (To Business Address on File)

Check one or more: Membership Dues Invoices Newsletters/E-Bulletins

Additional Staff

Name _____ Title: _____

E-mail: _____

Phone Number: _____ Ext: _____ Fax Number: _____

Check only one Preferred Method of Contact: Email Fax Mail (To Business Address on File)

Check one or more: Membership Dues Invoices Newsletters/E-Bulletins

Name _____ Title: _____

E-mail: _____

Phone Number: _____ Ext: _____ Fax Number: _____

Check only one Preferred Method of Contact: Email Fax Mail (To Business Address on File)

Check one or more: Membership Dues Invoices Newsletters/E-Bulletins

Name _____ Title: _____

E-mail: _____

Phone Number: _____ Ext: _____ Fax Number: _____

Check only one Preferred Method of Contact: Email Fax Mail (To Business Address on File)

Check one or more: Membership Dues Invoices Newsletters/E-Bulletins

Name _____ Title: _____

E-mail: _____

Phone Number: _____ Ext: _____ Fax Number: _____

Check only one Preferred Method of Contact: Email Fax Mail (To Business Address on File)

Check one or more: Membership Dues Invoices Newsletters/E-Bulletins

PLEASE MAKE ADDITIONAL COPIES AS NEEDED

Additional Company Recipients of WECA Newsletters and eBulletins

We recognize that there may be additional employees in your company who would benefit from receiving news and industry updates from us.

Please identify the correct contact information for each employee who should receive WECA's eNewsletters which center on industry, legal, political, and training news.

Company Name: _____

Employee Name 1: _____ E-mail 1: _____

Employee Name 2: _____ E-mail 2: _____

Employee Name 3: _____ E-mail 3: _____

Employee Name 4: _____ E-mail 4: _____

Employee Name 5: _____ E-mail: 5 _____

Employee Name 6: _____ E-mail 6: _____

Employee Name 7: _____ E-mail 7: _____

Employee Name 8: _____ E-mail 8: _____

Employee Name 9: _____ E-mail 9: _____

Employee Name 10: _____ E-mail 10: _____

Employee Name 11: _____ E-mail 11: _____

Employee Name 12: _____ E-mail 12: _____

Employee Name 13: _____ E-mail 13: _____

Employee Name 14: _____ E-mail 14: _____

Employee Name 15: _____ E-mail 15: _____

Employee Name 16: _____ E-mail 16: _____

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Online Directory and Sign Listing Release Form

A very important WECA membership benefit is a free listing in our Online Membership Directory located on our website at www.goweca.com. We will list your company name, logo, a link to your company website and any message you would like to convey to WECA's website visitors. In addition, we will post a sign with your company name and logo in our Phoenix training facility for the general public and students to view.

To take advantage of this great advertising offer, please submit the following information (electronic format only) to info@goweca.com:

- Company logo (preferred formats are .eps, .ai or .tiff files)
- Company website address
- Text (up to 80 words) for your personalized Directory listing message
- This signed release form (this form may be faxed to 916-452-7011)

By signing below, you are acting as an authorized representative of your company to give WECA permission to display your company's name, location, logo and website link in the Online Member Directory and Event Room.

Company Name: _____

Authorized Representative Signature: _____

Date: _____