



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 return 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.

Examples of important communications include: student final grades, disciplinary letters, class notification letters, dispatches, Monthly Apprentice Hours Worksheets and Membership Invoice.

Company Name: _____

Owner / Primary Contact: _____

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: ☐ Monthly Apprentice Hours Worksheets & Reminder Notices ☐ Monthly Membership Dues

Invoices

☐ Apprentice Progression & Discipline Correspondence Letters ☐ Dispatch Forms ☐ 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: ☐ Monthly Apprentice Hours Worksheets & Reminder Notices ☐ Monthly Membership Dues

Invoices

☐ Apprentice Progression & Discipline Correspondence Letters ☐ Dispatch Forms ☐ 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: ☐ Monthly Apprentice Hours Worksheets & Reminder Notices ☐ Monthly Membership Dues

Invoices

☐ Apprentice Progression & Discipline Correspondence Letters ☐ Dispatch Forms ☐ Newsletters/E-Bulletins

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Invoices

☐ Apprentice Progression & Discipline Correspondence Letters ☐ Dispatch Forms ☐ Newsletters/E-Bulletins

PLEASE MAKE ADDITIONAL COPIES AS NEEDED

Additional Company Recipients of WECA Newsletters and eBulletins

We recognize that there may be additional members of your company who would benefit from receiving news and industry updates from us. As a few examples: supervisors or foremen, HR professionals, employees who interact with your apprentices, employees with political or governmental advocacy interests.

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: _____ E-mail: _____

Employee Name: _____ E-mail: _____

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Employee Name: _____ E-mail: _____

Employee Name: _____ E-mail: _____

Employee Name: _____ E-mail: _____

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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 large sign with your company name and logo in our Event Room at our Sacramento 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 (.eps file format is preferred but can accept a .jpg file)
- 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.

Signature of authorized representative

Company Name:

Date: