

Staten Island Electrical Contractors Association

Membership Information

Registered Business

Name_____

License #_____ Years in business_____

License holders name_____

Business
address_____

Phone Number_____ Fax Number_____

Email address_____

Payment Info

Circle: Visa MC AMEX

Credit Card#_____

Exp Date_____ Security Code_____

Name on credit card_____

Credit card billing address_____

Or make checks payable to: Staten Island Electrical Contractors Assn

2017 Membership Dues **\$500*** (*prorated rates apply)

Signed_____

Email to: SIECNY@gmail.com or fax to 718-273-3063