



CENTRAL VIRGINIA  
ELECTRICAL CONTRACTORS ASSOCIATION, INC.

APPLICATION FOR MEMBERSHIP

Name of Applicant: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Representative Attending Meetings: \_\_\_\_\_

Type of Business     Contractor             Factory Representative  
                                  Supplier                 Other \_\_\_\_\_  
                                  Utility

Business Established (month, year): \_\_\_\_\_

State Registration No.: \_\_\_\_\_

Licensed in which localities: \_\_\_\_\_

What do you expect to gain from association with the CVECA? \_\_\_\_\_

What can the CVECA expect to gain by accepting you as a member? \_\_\_\_\_

Sponsors:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Company: \_\_\_\_\_ Company: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**P.O. Box 27384 \* Richmond, Virginia 23261**