

Your Application for Membership to
The Suffolk County Electrical Contractors' Association

Phone and fax 631-361-7474
Web Site – www.sceca.com

Applicant's Name: _____

Home Address: _____

Home Telephone: _____ Date of Birth: _____

Firm Represented: _____

Business Address: _____

Business Phone: _____ Fax: _____

Are you a member of other trade organizations? Yes No

If yes, which ones? _____

Are you licensed? Yes No SC License No.

For Non-Contractors Applicants (Associated Members)

Please check applicable:

Supply House Wholesaler Mfgs. Rep. Inspector

Architect Student Other _____

Today's Date: _____

Applicant's Signature: _____

Did you find out about us through a member of SCECA?

If yes, please let us know your sponsors name.

The Schedule of Yearly Dues

Licensed Contractor.....\$175

Associate Member.....\$165

Please enclose check payable to the
Suffolk County Electrical Contractors Association
With this application and mail to
S.C.E.C.A.
P.O. Box 696
Smithtown, NY 11787-2621