

MEMBERSHIP APPLICATION



SEE YOUR DUES WORKING FOR YOU...

PERSONAL INTERACTION WITH OTHER COMPANIES IN YOUR INDUSTRY. Our members boast that this availability and interaction with “the competitor” has only served to improve their business and its profitability.

ACCESS TO THE BUSINESSES WHO DO BUSINESS WITH YOU. Unlike a much larger association with a broad membership, you will have a greater opportunity to establish personal relationships with the businesses you interact with on a day to day basis.

QUICK RESPONSE TO INDUSTRY SPECIFIC ISSUES. The ECA staff and Board of Directors dedicate their time to issues that affect the Engineering Contractor. Our legislative affairs & specifications committee are involved within the community to influence decisions and policies that affect your company.

PERSONAL SERVICE. You’re not just a number at the ECA. Members receive quick, personal service and support. From our events to our services, they are all designed and implemented for the benefit of the Engineering Contractor and affiliate.

WE'RE LOCAL...
WE'RE VOCAL...
WE'RE FOCUSED

Once you have joined the ECA you will immediately begin enjoying the benefits of a focused and specialized association. With a vision to meet the needs of the engineering contractor, we don't try to be everything to everyone.

Mission Statement: ECA exists to support the local Engineering Contracting Industry

<i>Workers Comp Program Member</i>	<i>Annual Dues</i>
Workers Comp Program only	\$150

For further Information on the Workers Comp Program, Contact Jeff Okrepkie, George Petersen Insurance Agency - 707-360-4338

Dues	7-1-2022—12-31-2022	
	Contractors	
	<i>Revenue from 2020 Up To</i>	<i>6-month Dues</i>
Contractor 1	\$500,000.00	\$258
Contractor 2	\$2,000,000.00	\$342
Contractor 3	\$5,000,000.00	\$869
Contractor 4	\$15,000,000.00	\$1296
Contractor 5	over \$15,000,000	\$2406
	Affiliate	
	<i>Revenue from 2020 Up To</i>	<i>6-month Dues</i>
Affiliate 1	\$2,500,000	\$258
Affiliate 2	over \$2,500,000	\$442
	Individual Member	
Individual		\$75

Date of Application: _____ Company Name: _____

Contact Person: _____ Title: _____ Category of Business: _____

Mailing Address: _____ City: _____ State/Zip: _____

Phone: _____ Fax: _____ Email: _____

Website: _____ Additional emails , Safety Officer & Accounting email: _____

Visa/MasterCard/AMEX _____

Credit Card #	CVV	Exp. date	Total
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Signature _____