

**Independent Electrical Contractors
Georgia Chapter**

4500 Winters Chapel Road
Atlanta, GA 30360
(770) 242-9277
(770) 242-9994 Fax
www.iecatlantaga.org



2026 Georgia Partner Membership Application

Phone Number: _____

Company Name: _____

Fax Number: _____

Principal's Name: _____

Email: _____

Address: _____

Website: _____

Email: _____

Additional Contacts/title _____

Email: _____

Brief description of the Products/Services your Firm provides:

References (not required):

_____	_____	_____	_____
Electrical Contractor	Address	City	Phone

Membership shall be continuous. In the event of termination or withdrawal, all dues shall be paid in full as of that date. This application is subject to the approval of the IEC Georgia Board of Directors.

Please include your check or credit card* with this application. Thereafter, dues are billed annually.

Partner Member Annual Dues \$926.00 Credit Card# _____ Exp. _____ Auth _____

Address of Credit Card _____

(Join Atlanta & Georgia and receive at \$100 Discount off each membership)

Authorized Signature: _____ Date: _____

*Plus a credit card processing fee of 4%