

4. Phone: _____ Fax: _____ Email _____

5. A. Principal Place Of Business: Street _____

City _____ Count _____ State _____ Zip _____

B. Secondary or Foreign Locations: Street _____

City _____ Count _____ State _____ Zip _____

6. Date Business Established: ____/____/____

Employer Identification Number (EIN): _____

7. Major Type of Work: _____

Other Categories:

Hygienist

Consultant

Insurance

Legal

Financial

Other _____

The applicant agrees that as a condition of acceptance, it shall be bound by all of the provisions of the By-Laws of the Environmental Contractors Association for Associate Members. The originals shall be returned to the Association Office and maintained in the members' file.

Applicant understands and agrees that the submission of the application is subject to review and must be approved by the Board of Directors of the Association.

Attached is our check in the amount of \$ _____ for our Associate Membership (Invoiced Annually).

(Company Name)

BY: _____

(Name-Title)

Sponsored for Membership by:

NAME: _____

COMPANY: _____