



510 BroadHollow Road – Suite 305A Melville, New York, 11747 | 917-775-0767 | www.ecanyc.org

ASSOCIATE MEMBERSHIP APPLICATION 2026

Dues: \$2,000 Per Year (Valid 1/1/2026 – 12/31/2026)

Date _____

1) Company Name: _____

2) Contact Name: _____

3) Contact Telephone Number: _____

4) Contact E-mail Address: _____

5) Principal Business Address: _____

City: _____ State: _____ Zip: _____

6) Secondary / Foreign Locations: _____

City: _____ State: _____ Zip: _____

7) Date Business Established: _____

8) Employer Identification Number (EIN): _____

9) List all Owners and Partners. If a Corporation, list Stockholders, Officers & Director:

Name	Partner/Title	Years w/ Applicant

10) Major Type of Work: _____

Other Categories:

_____ Hygienist
_____ Legal

_____ Consultant
_____ Financial

_____ Insurance
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 applicant 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 (Please Print)

Name/Title (Please Sign)

Sponsored for Membership by:

Company Name (Please Print)

Name/Title (Please Sign)