



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

CONTRACTOR MEMBERSHIP APPLICATION 2026
Dues: \$5,500 Per Year - Paid Bi-Annually (January & July)
Membership Valid from 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) Dunn & Bradstreet ID Number: _____

10) The Company is: ☐ Corporation ☐ State Incorporated ☐ Limited Liability Company
☐ Sole Proprietorship ☐ Other

11) List all Owners and Partners. If a corporation, list Stockholders, Equity Interest, Officers & Directors:

Name	Partner/Title	Years Together	Contact #	Email

12) Please list all the companies engaged in environmental abatement work in which the above- listed principals in the last ten (10) years you have in the past worked with or has an ownership interest

Principal Name	Company Name	Present Owner Interest	Past Owner Interest



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Please state whether your company or any of the companies listed above are currently in arrears with respect to required payments to any union-sponsored health, welfare or pension fund, and if a particular company is in arrears, the name of the company, the name of the fund to which it owes money, the amount of money owed and the length of time it has been owed in the last six (6) years:

Company Name	Name of Union / Type Fund	Amount	Time

Workers Compensation Carrier Name: _____

Policy Number: _____

Effective Date: From: _____ To: _____

Has the Company listed above ever been prohibited or debarred from performing public work (including voluntary prohibition) by the State of New York, any other state, public entity (e.g. city, county, board of education, etc.), or the federal government? ☐Yes ☐No

If yes, provide start and end dates, reason for prohibition/debarment, and any other relevant details:

Have any of the individuals listed above regarding the Company ever been prohibited or debarred from performing public work (including voluntary prohibition) by the State of New York, any other state, public entity (e.g. city, county, board of education, etc.), or the federal government? ☐Yes ☐No

If yes, provide start and end dates, reason for prohibition/debarment, and any other relevant details.

At any time during the preceding five (5) years, did the Company listed above receive a notice of an alleged violation of any:

a. New York State Labor Law? ☐Yes ☐No

If yes, provide date of notice, description of violation, and case number:



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b. United States Federal Labor Law including OSHA (Occupational Safety and Health Act), NLRB (National Labor Relations Board), or Affirmative Action laws? ☐Yes ☐No

If yes, provide date of notice, description of violation, and case number.

c. Labor Laws of any other state or public entity (e.g. city, county, board of education, etc.)? ☐Yes ☐No

If yes, provide date of notice, description of violation, and case number.

Are there pending or concluded administrative, civil, or criminal allegations by any federal, state, or local government jurisdiction in which the Company or its responsible representatives are alleged to have committed an offense in obtaining or attempting to obtain a public contract or subcontract there under or in the performance of such contract or subcontract? ☐Yes ☐No

If yes, provide the name of the government agency making the allegation, date of notice, and description of alleged offense.

Have you secured your \$100,000 required bond with the Union ☐Yes ☐No

If yes, provide proof of bond procurement: _____

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 Contractor 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 Contractor Membership

(Invoiced Bi-Annually)

Company Name (Please Print)

Name/Title (Please Sign)

Sponsored for Membership by:

Company Name (Please Print)

Name/Title (Please Sign)