

Business Established (month, year) _____

State Registration No. _____

Licensed in which localities _____

What do you expect to gain from association with the CVECA? _____

What can the CVECA expect to gain by accepting you as a member? _____

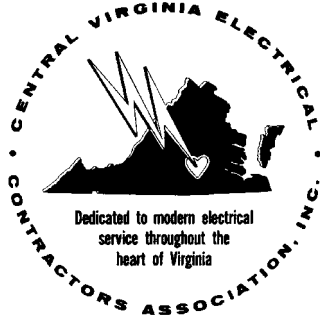
Sponsors:

Name: _____ Name _____

Company: _____ Company: _____

Signature of Applicant _____

APPLICATION FOR MEMBERSHIP



CENTRAL VIRGINIA ELECTRICAL CONTRACTORS ASSOCIATION, INC. SPONSOR RECOMMENDATION

Date: _____

Board of Directors:

We wish to sponsor _____
For membership in the Central Virginia Electrical Contractors Association.

Brief recommendation of applicant:

It is understood one of the sponsors shall present the application at least one meeting prior to the meeting at which membership considers the application.

Sponsor: _____

Company Name: _____

Signature: _____