



Independent Electrical Contractors of Oregon Member Enrollment—Advantage Plan



Company Name:			
Street Address:			
City:		State:	Zip:
Mailing Address: (if different)			
Phone Number:		Cell Phone Number:	
Company Representative:			Job Title:
Email Address:			
Is the Company Representative the Decision Maker?		Yes	No
Number of Employees	Full Time:	Part Time:	Temporary:

In the space below, please list additional contacts (employees only—not independent contractors) who are authorized to use the services of the Advantage Plan

Name	Title	Email	Phone/Ext

Your signature below indicates your understanding that the Advantage Plan is provided to you as a member benefit offered by Independent Electrical Contractors of Oregon. Please allow 3 days from form submission to complete enrollment. You will receive a welcome letter and instructions on how to login to your own private online access.

Additional charges are made for on-site consultations, project work, administrative time, travel outside the area of our offices, copies, package postage, parking, and special services. In addition, by signing this form, you give HR Answers, Inc. permission to mail, fax, or e-mail you printed materials regarding relevant employment issues, services, training programs offered, and events.

Signature: _____ Date: _____

Individual is authorized by the Organization to enter into this agreement.

IEC Signature: _____ Date: _____