

# NAEC Membership Application

Please complete questions on the reverse side of this form for appropriate membership category. All information submitted is for use of Membership Committee only and will be retained in the confidential files of the Association.

**TO: NAEC Board of Directors** We have completed the information requested below and hereby apply for membership in the National Association of Elevator Contractors. We have enclosed our payment of \$\_\_\_\_\_ (U.S. Funds Only and make checks payable to NAEC) to cover the membership and initiation fee according to the schedule on the preceding page of this application.

## Type of Membership

Contractor  Associate  Supplier  Subscription

How did you hear about NAEC?

Firm Name\*: \_\_\_\_\_ Founding Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Officers/Key Company Personnel: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Operational Territory (States and Cities): \_\_\_\_\_

Accredited Brand Office(s) Located: \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_

Structure of Firm (corp., ptnshp., prop., other): \_\_\_\_\_

Describe the services and products your firm sells and/or manufactures (for use in the NAEC Membership Directory): \_\_\_\_\_

**Please provide two email addresses if receiving a complimentary Elevator World subscription.**

Email #1: \_\_\_\_\_ Email #2: \_\_\_\_\_

Would you be willing to serve on any NAEC Committee?  Yes  No

If yes, please list the committees that interest you: \_\_\_\_\_

## Payment Information

Charge \$  Visa  Mastercard  Amex  Discover

Name On Card \_\_\_\_\_

Credit Card # \_\_\_\_\_ CVS Code \_\_\_\_\_

Expiration Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

Check enclosed payable to NAEC in US funds

Amount \$ \_\_\_\_\_

Check # \_\_\_\_\_ Dated \_\_\_\_\_

## NAEC Office Use Only

Date Received: \_\_\_\_\_

Approved By Membership Committee Chairman \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

\* Individual name if Professional or Subscription

## Applicant Signature

I have reviewed the basic requirements for NAEC membership printed in this application form. I agree on behalf of my company to abide by the Bylaws and the Code of Ethical Practices of the National Association of Elevator Contractors. The signature below verifies this person will be the membership contact person unless stated otherwise.

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

## Contractor Applicant Information

If application is being made for Contractor Membership, the following questions must be answered.

(1) The company is  Union  Non-Union  
If Union, IUEC or other?: \_\_\_\_\_

(2) The size of your company by total employee is  Union  Non-Union  
Field \_\_\_\_\_  
Office \_\_\_\_\_  
Other \_\_\_\_\_  
Totals \_\_\_\_\_ + \_\_\_\_\_ = Grand Total: \_\_\_\_\_

(3) The company has been in business \_\_\_\_\_  
Number of Years: \_\_\_\_\_

(4) The company is a family business  Yes  No

(5) Manufacturers Represented: \_\_\_\_\_

(6) The company is a (Please check all that apply)  Commercial elevator contractor  Accessibility contractor  
 Residential contractor

(7) The company does (Please check all that apply)  Installations  Maintenance  Modernization  
 Repairs  Inspections

## Supplier Applicant Information

If application is being made for Supplier Membership, the following questions must be answered.

(1) List of Products Offered: \_\_\_\_\_

(2) Products Range:  Elevators  Accessibility  Escalators  
 Residential  Dumbwaiters  LULA

(3) Materials Supplied:  Complete Systems/Packages  Component Equipment  
 Architectural Equipment/Products  Maintenance Replacement Parts  
 Supplies - Electrical/Hardware/Tool  Other: \_\_\_\_\_

(4) Manufacturers Represented: \_\_\_\_\_

(5) Type of Services Offered:  Insurance  Software/Computers  
 Other: \_\_\_\_\_

## Associate Applicant Information

If application is being made for Associate Membership, the following questions must be answered.

(1) I am  Employed  or Self-employed as:  Elevator Inspector  Engineer  Retired  
 Building Planner  Architect  Elevator Consultant  
 University  Government Agency  
 International (If International Contractor, please complete Contractor Applicant Information above as well).  
 Other: \_\_\_\_\_

(2) Firm or Government Agency: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

(3) Brief description of work and any prior experience in the elevator industry: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_