



IEC Northern Ohio 2024 Associate Membership Application

Company _____ Website _____

Contact Name _____ Email _____

Secondary Contact _____ Email _____

Phone _____ Fax _____

Associate Member \$400 A check payable to IEC Northern Ohio is enclosed

Payment of dues for one year of membership is required with this application

Membership dues cover Associate Membership in both IEC Northern Ohio and IEC National. By joining, you are giving us permission to contact you via email and/or fax to deliver up-to-date member benefits and information.

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By signing this application, I agree to the terms of membership and to upholding the attached IEC Northern Ohio Code of Ethics.

Name _____

Signature _____

Date _____

IEC Northern Ohio
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www.IECNorthernOhio.org