



SUBSCRIBER APPLICATION

Company Information

Name: _____ Address: _____

Mailing Address: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Company Contact: _____ Title: _____ Phone: _____

Date Business Formed: _____ Website: _____

Number of Employees: _____ Total Estimated Annual Payroll: _____

Type of Work Performed: Commercial Residential Both

Current Agent

Agency Name: _____ Contact: _____

Address: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Current Association Memberships

National Electrical Contractors Association, Chapter _____ Texas Construction Association, Chapter _____

Independent Electrical Contractors of Texas, Chapter _____ NFIB Other _____

Signature: _____ Title: _____ Date: _____

RETURN WITH A CHECK FOR DUES IN THE AMOUNT OF \$100 TO:

Trade Contractors Safety & Insurance Group, Attn: Alyson Gwyn, P.O. Box 8086, Wichita Falls, TX 76307

Toll Free: (877) 234-2330 * Direct: (940) 397-2755 * Fax: (940) 397-2759

OFFICE USE ONLY

Date Received: _____ Approved by: _____ Title: _____