



SUBSCRIBER APPLICATION

Company Information

Name: _____
Physical Address: _____
Mailing Address: _____ City: _____ 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: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

Current Association Memberships

National Electrical Contractors Association, Chapter _____
 Texas Construction Association, Chapter _____
 Independent Electrical Contractors of Texas, _____
 NFIB Other _____

Signature: _____ Title: _____ Date: _____

RETURN WITH A CHECK FOR DUES IN THE AMOUNT OF \$100 TO:
Trade Contractors Safety & Insurance Group, P.O. Box 8086, Wichita Falls, TX 76307
Toll Free: (877) 234-2330 * Direct: (940) 397-2755 * Fax: (940) 397-2759