



ORANGE COUNTY ELECTRICAL TRAINING INSTITUTE

Class Registration Form

Class Name: _____ Start Date: _____

Name: _____ IBEW Card # _____
Last First M.I.

Address: _____
Street City Zip

Social Security Number: _____ (Full number required)

Date of Birth: _____ Ethnicity: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Current Employer: _____ Hire Date: _____

Hourly Wage: _____ Veteran: (Yes/No) _____

Form of Payment: Check or Money Order

(Payable to Orange County Electrical Training Trust)

Visa/Master Card/Debit Card (in-person only)

Signature: _____ Date: _____

Note: Class Fees are not refundable.