

**APPLICATION FOR MEMBERSHIP TO THE PLUMBING HEATING COOLING CONTRACTORS
ORANGE, RIVERSIDE & SAN BERNARDINO COUNTIES**

Dedicated to the promotion, advancement, education and training of the industry, for the protection of our environment and the health, safety and comfort of society.

“Every man owes part of his time and money to the business or industry in which he is engaged. No man has a moral right to withhold his support from an organization that is striving to improve conditions within his sphere.”

I HEREBY APPLY FOR MEMBERSHIP IN THE PLUMBING, HEATING, COOLING CONTRACTORS OF:

Orange, Riverside & San Bernardino Counties

SAID ASSOCIATION BEING AN OFFICIAL AUTHORIZED LOCAL OF PLUMBING, HEATING, COOLING CONTRACTORS OF CALIFORNIA AND THE NATIONAL ASSOCIATION OF PLUMBING, HEATING, COOLING CONTRACTORS.

Please Print or Type:

Business Name: _____ CSLB #: _____ Classifications: _____

Name of Person Representing Your Firm in PHCC: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____ E Mail: _____

President or Owner of Firm: _____ Year Company was Established: _____

IN ADVANCE OF THE ACTION OF THE ASSOCIATION IN PASSING UPON MY APPLICATION FOR MEMBERSHIP, IF MY APPLICATION IS ACCEPTED, I SHALL:

1. Agree to attend Association meetings regularly unless unavoidable prevented from doing so.
2. Agree to not only yield to a majority vote on any question, but will support all such rulings by a hearty compliance thereto.
3. Accept and comply strictly with the laws and regulations as laid down by the Bylaws of this Association.
4. Accept and conscientiously live up to the Standard of Ethics as maintained by the Association in order that the industry may continue to be uplifted to a constantly higher standard.
5. Agree to perform any duty or serve on any committee assigned to me by the officials of the Association unless unavoidably hindered from so doing.
6. Agree for the interest of anyone concerned that I will in no way act so as to compromise or embarrass said Association.

DUES

NATIONAL: \$527.36 annually or \$43.95 monthly
STATE: \$55.50 monthly plus \$15.00 monthly Free Enterprise Fund Assessment
LOCAL: \$86.58 monthly

AS EVIDENCE OF MY GOOD FAITH, I HEREBY AFFIX MY SIGNATURE ON THIS DATE _____

Signature of Applicant _____

Signature below indicates authorization to process credit card charges. Monthly or quarterly charges will continue until association receives 30 day written advance notice of any requested change(s). Check one: Visa MasterCard AmEx

Credit Card Number _____ Exp. Date: _____

Name on Credit Card _____ Cardholder Signature _____

For Office Use Only
Action of the Board: () Approved () Disapproved Date: ___/___/___ Amount Rec'd _____ PHCC-CA Notified ___/___/___ PHCC-NA Notified ___/___/___

Dues to PHCC-NA, PHCC-CA and PHCC-local are not deductible as a charitable contribution, but may be considered as an ordinary and necessary business expense. However, a portion of PHCC-NA and PHCC-CA dues is not deductible as a business expense to the extent that PHCC-NA and PHCC-CA engages in lobbying. The non-deductible portion of dues is five percent (5%).

Please send application and payment to: PHCC of ORSB, 155 East Liberty Ave #AB, Anaheim, CA 92801