2017 Membership Application PHCC of San Diego



	COMPANY IN	IFORMATION		
□ Contractor Membership *	□ Industry Affiliate Membership		☐ Business Affiliate Membership	
Company Name:	1			
Address:		City, State, Zip:		
Phone:		Fax:		
Contact Name:		Email Address:		
Contractor License Number:		Website Address:		
Pleas	se select your type of Bu	ısiness (select all that	t annly)	
☐ Plumbing ☐ HVAC	. □ Re	sidential anufacturer Rep	□ Commercial □ OTHER	
Licensed Contractor: Full Year\$2,437.26 Industry Affiliate: Full Year\$1,000.00 Business Affiliate: Full Year\$500.00 * Contractor member must maintain a valid California contractor C-20 or C-36 license for the length of membership. ** Member dues can be paid monthly for a small processing fee of less than 3%. In advance of the action of the PHCC Association approving this application for membership, I affirm: 1. I accept and will comply strictly with the laws and regulations stated in the By-Laws of the Association. 2. I have read and agree to uphold the PHCC Code of Ethics and do what I can to fulfill the mission statement.				
3. I agree to attend Association meet	tings regularly. nated at any time, I agre s or seals of membershi e on this date:	ee to surrender imme p.	ediately any Association insignias and c	ease
First payment will be charged to a credit card with submittal of application. Check one: Wisa MasterCard Amex Discover Exp. Date: CSV: CSV:				
Name on Credit Card:Cardholder Signature				
I understand that by completing this application and PHCC National offices (PHCC). As your associatives contribute on the contribution for U.S. Federal income to the contribute labbuing expanses.	ciation, we believe this info	ormation is important to	o you and your husiness. PHCC dues are not	t a