



APPLICATION FOR CONTRACTOR MEMBERSHIP

"Best People, Best Practices"

NAME _____ COMPANY NAME _____

ADDRESS _____ PHONE _____ FAX _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

HOME ADDRESS _____ PHONE _____

STATE CONTRACTORS LICENSE NO. _____

CLASSIFICATION(S) _____ DATE OF ISSUANCE _____

I, the undersigned, do hereby certify I am a duly licensed State Contractor in Sacramento CA, and do hereby make application to become a member of the Plumbing-Heating-Cooling Contractors of the Sacramento Valley, Inc. Attached is my check for the initiation fee, as required in the By-Laws of said Association.

Signed _____

Semi-Annual Dues: \$1,182.78

Breakdown of Dues: \$90.00 Free Enterprise Coverage; \$492.00 Local Dues; \$333 State Dues; \$267.78 National Dues

Payment for the semi-annual dues, as required by the By-Laws of said Association:

Check enclosed

CC# _____ CVC: _____ Exp: ____/____

Name on Card: _____ Billing Address: _____

Please send an invoice for my semi-annual dues

Recommended to the PHCC of SV by: _____

For office use only:

Date Application Taken: _____ Date Referred to Board: _____ Executive Director-initials: _____

Date Referred to General Membership: _____ Date Initiated: _____ Executive Director-initials: _____



APPLICATION FOR AFFILIATE MEMBERSHIP

"Best People, Best Practices"

APPLICATION FOR BOARD REVIEW:

Company Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: () _____ - _____ ext _____

email: _____

website: _____

I, the undersigned, do hereby apply for an Affiliate Membership in the Plumbing Heating Cooling Contractors of the Sacramento Valley, Inc. I understand that such a membership entitles me to:

- ▶ Participate in all social functions of PHCC of the Sacramento Valley at the affiliate rate
- ▶ Receive newsletters and other communication from PHCC of the Sacramento Valley
- ▶ Receive a roster of membership
- ▶ Have my company logo posted on the PHCC of the Sacramento Valley website

Billing information for the semi-annual dues, as required by the By-Laws of said association:

Semi-Annual dues: \$320.00

Payment Method:

- Invoice
 Mail Check (please make checks payable to PHCC Sacramento Valley)
 Credit Card:

Name on card: _____ CC#: _____

Billing address: _____

Exp: ____/____/____ CVC: _____