



PLUMBING-HEATING-COOLING
CONTRACTORS ASSOCIATION®
Best People. Best Practices.™

APPLICATION FOR MEMBERSHIP

NAME _____ FIRM 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 the City and County of San Francisco and/or the County of San Mateo, and do hereby make application to become a member of the Plumbing-Heating-Cooling Contractors of San Francisco and San Mateo Counties.

Signed _____

Enclosed is my credit card information for the Initiation Fee of \$100.00, as required by the By-Laws of said Association.

Circle One: Visa MC AMEX

CC# _____ CVC: _____ Exp: ____/____

Name on Card: _____

Billing Zip Code: _____

Signed: _____

Recommended to the PHCC of San Francisco & San Mateo Counties by: _____

Monthly Membership Dues: \$243.45 per month. Breakdown:

\$43.95 National Dues \$55.50 State Dues \$15 Free Enterprise

\$45 Chapter Dinner Fund \$84 Chapter Dues

For office use only

Date Application taken _____ Date Referred to Board _____

Date Referred to General Membership _____

Date Initiated _____