

**APPLICATION FOR MEMBERSHIP TO THE PLUMBING HEATING COOLING CONTRACTORS
GREATER LOS ANGELES AREA**

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.

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

Greater Los Angeles Area

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, I agree that if my application is accepted I:

1. Accept and agree to comply with the By-Laws of this Association.
2. Accept and conscientiously live up to the Standard of Ethics as maintained by the Association.
3. Agree to respond promptly to consumer questions and complaints.
4. Accept and agree to comply with all terms of the California's State Contractors License Law.

Signature of Applicant _____ Date _____

MONTHLY DUES: Rates include membership in Local, State and National PHCC (please check how many techs)

\$167.00 – 1 tech or less in field* _____
\$195.00 – 2-5 techs in field* _____
\$239.00 – 6 or more techs* _____
\$254.00 – Multi shop location* _____

**includes dinner for two at the local chapter meeting (except special events)*

To commence your PHCC membership, an initial payment of dues for three months is required.

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: _____ Sec. Code _____

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 Los Angeles, 2869 Glenview Ave., Los Angeles, Ca. 90039