

# PHCC OF SACRAMENTO VALLEY AFFILIATE APPLICATION



Name :  Company Name :

Work Address :

City :

State :  Zip :  Email :

Phone :  Fax :

Home Address :  Phone :

State Contractors License No. :

Classification(s) :  Date Issued :

*I do hereby certify that I am a duly licensed State Contractor in Sacramento, CA, and do hereby submit an 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.*

Date this form was filled out:  Signed,

**Annual Dues : \$984**

**Breakdown of dues : \$984 Local Dues; \$180 Free Enterprise Coverage;**

*Payment for the Annual Dues, as required by the By-Laws of said Association.*

☐ Check Enclosed

☐ Credit Card CC#  CVC  Exp.

Name on card :  Billing Address :

Recommended to the PHCC of Sac Valley 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:

## Thank you for your Submission!

PHCC of California, Sacramento Valley  
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