

APPLICATION FOR MEMBERSHIP TO **PHCC OF SACRAMENTO VALLEY**



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 : \$2,458

Breakdown of dues : \$984 Local Dues; \$720 State Dues; \$574 National 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 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: _____

Thank you for your Submission!

PHCC of California, Sacramento Valley
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