



ACTIVE MEMBERSHIP APPLICATION

The undersigned hereby confirms membership in the Plumbing Heating Cooling Contractors Association of Delaware, Inc., and agrees to comply with the bylaws of the Association if accepted for membership.

I am applying for membership for our firm in the PHCC OF DELAWARE

Company: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____ Website: _____
 Contact Person: _____
 Title: _____
 PHCC Sponsor: _____
 Chapter: State of Delaware

Annual Dues: \$975 (National & State)

Which of the following products/services does your firm provide? (Please check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Backflow Devices | <input type="checkbox"/> Fabricated Piping |
| <input type="checkbox"/> Fire Protection | <input type="checkbox"/> Grooved Piping | <input type="checkbox"/> Heating |
| <input type="checkbox"/> Instrumentation | <input type="checkbox"/> Insulation | <input type="checkbox"/> Irrigation |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Pumps | <input type="checkbox"/> Refrigeration |
| <input type="checkbox"/> Water Filtration | <input type="checkbox"/> Other: _____ | |

Please list contact name for each of the following:

Corporate: _____
 Advertising/Marketing: _____
 Representative attending meetings/events: _____

Payment Information

Check MasterCard VISA

Card Number: _____
 Expiration Date: _____

**PHCC membership dues are not deductible as a charitable contribution for US Federal Income Tax purposes, but may be deductible as a business expense. PHCC estimates 5% of your national dues constitute lobbying expenses.*

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