



APPLICATION FOR CONTRACTOR MEMBERSHIP

"Best People, Best Practices"

NAME _____ COMPANY 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 Sacramento CA, and do hereby make 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.

Signed _____

Annual Dues: \$2358.00 / \$1269 - 50% for 1st time members (minus Free Enterprise)

Breakdown of Dues: \$180.00 Free Enterprise Coverage; \$984.00 Local Dues; \$666 State Dues; \$528 National Dues

Payment for the Annual dues, as required by the By-Laws of said Association:

Check enclosed

CC# _____ CVC: _____ Exp: ____/____

Name on Card: _____ Billing Address: _____

Please send an invoice

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: _____

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