

# ASSOCIATE APPLICATION FOR MEMBERSHIP PLUMBING-HEATING-COOLING CONTRACTORS of NC

*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.*

“Every man owes part of his time and money to the business or industry in which he is engaged.  
No man has a moral right to withhold his support from an organization  
that is striving to improve conditions within his sphere.”

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Company Website: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

ALL APPLICATIONS MUST BE APPROVED BY PHCC-NC BOARD OF DIRECTORS. IN ADVANCE OF THE BOARD PASSING UPON THIS APPLICATION FOR MEMBERSHIP, THE APPLICANT AGREES THAT, IF GRANTED MEMBERSHIP, THE APPLICANT, THEIR COMPANY AND EMPLOYEES SHALL:

1. Participate in the activities of this Association to the fullest extent possible.
2. Comply strictly with the laws and regulations as set forth by the Bylaws of this Association.
3. Accept and conscientiously live up to the Standard of Ethics as maintained by this Association in that the industry may continue to be uplifted to a constantly higher standard.
4. Sustain the financial, political, and strategic goals and missions of this Association.

Dues: Associate Member  Annually \$350.00

Signature below indicates commitment to abide by the principles listed above and authorization to process credit card charges.

Select One:

\_\_\_ VISA Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

\_\_\_ MasterCard Name on Card: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

\_\_\_ AX Billing Address: \_\_\_\_\_  
(street) (city) (state) (zip)

*Office Use Only*

Board Action ( ) Approved ( ) Rejected Date \_\_\_/\_\_\_/\_\_\_ Amount Rec'd \$ \_\_\_\_\_

No dues are deductible as a charitable contribution but may be considered as an ordinary and necessary business expense.

Complete applications can be sent to: **PHCC-NC, 5540 McNeely Drive, Suite 202, Raleigh, North Carolina 27612.**