



Plumbing Heating Cooling Contractors Association of Nevada Membership Application Form

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."

~Theodore Roosevelt

I HEREBY APPLY FOR MEMBERSHIP IN THE PLUMBING, HEATING, COOLING CONTRACTORS OF NEVADA

Company Name: _____

Contact Person: _____ Title: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____ License # (Contractors only): _____

Dues Contribution

Contractor Member

As a member of the PHCC of Nevada, you are also a member of the National Plumbing Heating Cooling Contractors Association. PHCC local and national dues are paid for you, out of your local association dues.

- 0-5 Total Employees Monthly Dues **\$155.00/mo. ***
- 6+ Total Employees Monthly Dues **\$195.00/mo. ***
- C21 HVAC Contractor Monthly Dues **\$130.00/mo. ***

Initial _____

Associate Member **\$130/mo. ***

- Right to vote for director representative
- Access to the PHCC Contractor Members
- Trade Show Opportunities

Territories you represent: (circle one)

Southern NV Northern NV Both

AS EVIDENCE OF MY GOOD FAITH, I HEREBY AFFIX MY SIGNATURE ON THIS DATE _____

Signature of Applicant _____

Sponsoring Company _____ (please answer)
(how you heard about us)

Payment Method:

- Company Check Visa MasterCard Amex

Signature below indicates authorization to process credit card charges. Monthly charges will continue until association receives 30 day written advance notice of any requested change(s).

Credit Card Number: _____

Exp. Date: _____

Name on Credit Card: _____

Cardholder Signature: _____

Please provide us with your web address: _____

*Dues will be billed monthly and are subject to annual increases, (amount to be determined by the Board of Directors). Membership cancellation requests must be made in writing to the PHCC of Nevada. 30 day notice is required.

10% off your yearly dues if paid in full *

For office use only: Action of the Board: () Approved () Disapproved Date: ____________ Amount Received \$ _____

Mail or fax completed application to: Plumbing Heating Cooling Contractors of Nevada,
271 Sunpac, Henderson, NV 89011. Fax 702-252-0378. For questions call 702-252-0166.

Dues payments to PHCC Nevada may be deductible as an ordinary and necessary business expense, except for 1% of operations related to lobbying activities on behalf of members. Dues are not deductible as a charitable contribution.
Revised 1.2.18