



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.

PRIMARY CONTACT INFO

Company Name: _____ Contact Person: _____ Title: _____
 Mailing Address: _____ City/State/Zip: _____
 Phone: _____ Cell: _____ Fax: _____
 EIN: _____ License # (Contractors only): _____
 Website Address: _____ Email Address: _____

Territories you service / represent: *(circle one)*
Nationwide NV-Statewide Southern NV Northern NV

Sponsoring Company _____ *(how you heard about us)*

CONTACT INFO FOR PUBLIC ROSTER

SAME AS ABOVE

Company Name: _____ Contact Person: _____ Title: _____
 Phone: _____ Cell: _____ Fax: _____
 Email Address: _____ Website Address: _____
 Address: _____ City/State/Zip: _____

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.

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.

DUES CONTRIBUTION

10% off your yearly dues if paid in full

Contractor Member			Associate Member		Government Member	
<input type="checkbox"/> 0-5 employees	<input type="checkbox"/> 6+ employees	<input type="checkbox"/> HVAC (C-21)	<input type="checkbox"/> \$140/mo	<input type="checkbox"/> \$1512/yr (w/discount)	<input type="checkbox"/> \$60/mo	<input type="checkbox"/> \$500/yr
<i>Circle one below</i>	<i>Circle one below</i>	<i>Circle one below</i>				
\$165/mo	\$205/mo	\$140/mo				
\$1782/yr (w/discount)	\$2214/yr (w/discount)	\$1512/yr (w/discount)				
	Initial _____		Initial _____		Initial _____	

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

Signature of Applicant _____ Date _____

Return completed application to the PHCC-NV

Payment Method:

Check Visa MasterCard Discover Amex

officemanager@phccnv.com

702-252-0378 (fax)

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).

Name on Card _____ Cardholder Signature: _____

Credit Card Number: _____ Exp. Date: _____ CVV: _____ Zip Code: _____

"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