



# 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.

**2023**

**PRIMARY CONTACT INFO**

**2023**

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
 EIN: \_\_\_\_\_ License # (Contractors only)\*: \_\_\_\_\_  
 \*The PHCC will do it's due diligence to ensure new members uphold the association's industry standards.  
 Website Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

**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 - C-1/subclassifications and C-21 licenses			Associate Member	Government Member
<input type="checkbox"/> 0-5 employees	<input type="checkbox"/> 6+ employees	<input type="checkbox"/> HVAC (C-21 only)	<input type="checkbox"/> \$180/mo <input type="checkbox"/> \$1944/yr (w/discount)	<input type="checkbox"/> \$525/yr
<i>Circle one below</i>	<i>Circle one below</i>	<i>Circle one below</i>		
\$210/mo	\$250/mo	\$180/mo		
\$2268/yr (w/discount)	\$2700/yr (w/discount)	\$1944/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*