



**Send completed Membership Application to:**  
**PMA**  
**Georgetown Square, Suite D**  
**3459 Lawrenceville Suwanee Rd**  
**Suwanee, GA 30024-6427**  
[www.plumbingpros.com](http://www.plumbingpros.com)  
**Office (770) 271-9876 Fax (770) 271-9657**  
**PLEASE PRINT OR TYPE ALL INFORMATION**

COMPANY/MEMBER NAME \_\_\_\_\_

PRIMARY CONTACT NAME \_\_\_\_\_ TITLE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_ - \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

(If different from above/ For UPS use)

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_ - \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

OFFICE FAX \_\_\_\_\_ WEB SITE ADDRESS \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_

CURRENT MEMBER WHO RECOMMENDED MEMBERSHIP (if applicable) \_\_\_\_\_

SPECIFIC TYPE(S) OF SERVICES OR GOODS PROVIDED BY MEMBER COMPANY TO THE PLUMBING INDUSTRY

COMMERCIAL CONSTRUCTION       RESIDENTIAL CONSTRUCTION       SERVICE CONTRACTING

MANUFACTURER       MANUFACTURERS REP       WHOLESALE SUPPLY       RETAILER

VALUE ADDED/ BUSINESS SERVICES *description* \_\_\_\_\_

(optional)

NUMBER OF EMPLOYEES: \_\_\_\_\_ YEAR ESTABLISHED \_\_\_\_\_

APPROXIMATE NUMBER OF COMPANY VEHICLES (for PMA truck decals) \_\_\_\_\_

PLUMBING LICENSE NO. (if applicable) \_\_\_\_\_

**CONTRACTOR ANNUAL DUES** **\$799\***

Contractors engaged in the business of plumbing, mechanical, heating or cooling.

**INDUSTRY MEMBER** **\$376**

A company that provides goods and services to contractor members and that supports the mission of PMA. (Does not include membership in the national association).

**PAYMENT OPTIONS**

Check enclosed (preferred method)

Charge to VISA  MasterCard       3 – 4 digit code back of card \_\_\_\_\_

Credit Card No. \_\_\_\_\_ Expiration \_\_\_\_\_ Authorized Signature \_\_\_\_\_

I agree to abide by the Association's bylaws, code of ethics, duly adopted rules and to support its objectives. I hereby apply for membership and enclose payment for the first year's dues. Dues payments may be deductible as ordinary and necessary business expense except the nondeductible 10% lobbying portion. I understand that the use of the Association name and logo are property of PMA/PHCC and agree to discontinue their use in the event of membership termination for any reason. I certify that the information on this application is true and accurate as of this date.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*For information on Associate Membership (\$405), please call the PMA office or any board member.