



COMPANY NAME _____
 PRIMARY COMPANY 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 _____
 CELL 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 _____

NUMBER OF EMPLOYEES: _____ YEAR ESTABLISHED _____

APPROXIMATE NUMBER OF COMPANY VEHICLES (for PMA truck decals) _____

PLUMBING LICENSE # (if applicable) _____ Annual Dues

CONTRACTOR MEMBER \$630*

Contractors engaged in the business of plumbing, mechanical, heating or cooling.
 (Includes membership in PHCC National Association.)

INDUSTRY MEMBER \$400*

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

PAYMENT OPTIONS

Check enclosed (preferred method)

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

Credit Card # _____ 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 _____

* PHCC Introductory Offer. Payment plans are available for monthly and quarterly payments. For information on PMA Associate Membership (\$437) or Individual Membership \$120) please contact the PMA office or any board member. Rates in effect until December 2012.