



SEND APPLICATION TO:
 PMA
 101 Pilgrim Village Drive
 Suite 200, Cumming, GA 30040
 Office (678) 947-3473 Fax (678) 947-3474
www.plumbingpros.com

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)* _____ Annual

CONTRACTOR ANNUAL DUES \$863*

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

INDUSTRY MEMBER \$401*

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 (\$437), please call the PMA office or any board member. Monthly and Quarterly payment plans offered. Dues are prorated when you join.