

APPLICATION FOR MEMBERSHIP TO THE PLUMBING HEATING COOLING CONTRACTORS AT-LARGE

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.

I HEREBY APPLY FOR **AT-LARGE** MEMBERSHIP IN THE PLUMBING, HEATING, COOLING CONTRACTORS OF CALIFORNIA AND THE NATIONAL ASSOCIATION OF PLUMBING, HEATING, COOLING CONTRACTORS.

(Please Print or Type)

Business Name: _____ **CSLB #:** _____ **Classifications:** _____

Name of Person Representing Your Firm in PHCC: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (____) _____ - _____ **Fax:** (____) _____ - _____ **E Mail:** _____

President or Owner of Firm: _____ **Year Company was Established:** _____

DUES

1st Year Introductory Dues Rates*

| | In Full | Semi-Annual | Quarterly | Monthly |
|---------------------------|-----------------|---------------|---------------|--------------|
| National Dues | 269.00 | 137.73 | 68.86 | 22.95 |
| 2.4% Nat'l Processing Fee | - | 3.31 | 1.65 | 0.55 |
| State Dues | 666.00 | 333.00 | 166.50 | 55.50 |
| Free Enterprise | 180.00 | 90.00 | 45.00 | 15.00 |
| Total | 1,115.00 | 564.04 | 282.01 | 94.00 |

* Contractors who were previously members and reinstating their membership after at least 1 lapsed year, must pay the full dues amount

| | In Full | Semi-Annual | Quarterly | Monthly |
|---------------------------|----------------|---------------|---------------|---------------|
| National Dues | 538.00 | 275.46 | 137.73 | 45.91 |
| 2.4% Nat'l Processing Fee | 0.00 | 6.61 | 3.31 | 1.10 |
| State Dues | 666.00 | 333.00 | 166.50 | 55.50 |
| Free Enterprise | 180.00 | 90.00 | 45.00 | 15.00 |
| Total | 1384.00 | 705.07 | 352.54 | 117.51 |

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

Signature of Applicant: _____

Signature below indicates authorization to process credit card charges. Monthly or quarterly charges will continue until association receives 30 day written advance notice of any requested change(s). Check one: Visa MasterCard AmEx Discover

Credit Card Number: _____ Exp. Date: _____

Name on Credit Card: _____ Cardholder Signature: _____

| |
|----------------------------------------------------------------------------------------------------------|
| Date: ____/____/____ Amount Rec'd: _____ PHCC-CA Notified ____/____/____ PHCC-NA Notified ____/____/____ |
|----------------------------------------------------------------------------------------------------------|

Dues to PHCC-NA, PHCC-CA and PHCC-local are not deductible as a charitable contribution but may be considered as an ordinary and necessary business expense. However, a portion of PHCC-NA and PHCC-CA dues is not deductible as a business expense to the extent that PHCC-NA and PHCC-CA engages in lobbying. The non-deductible portion of dues for 2018 is five percent (5%).

Please send application and payment to: PHCC of California, 1820 Tribute Road, Suite A, Sacramento, CA 95815

accounting@caphcc.org | 800-780-7422 Ofc | 916-925-7623 Fx