

PLUMBING CONTRACTORS ASSOCIATION

ADVANCING THE INDUSTRY THROUGH EDUCATION



PLEASE PRINT OR TYPE **Contractor Membership Application** PLEASE PRINT OR TYPE

CONTACT NAME: _____

CERTIFICATE OF COMPETENCY (CC#) _____ LICENSE NUMBER _____

BUSINESS/COMPANY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

QUALIFER'S NAME: _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____ HOME PHONE: _____

BUSINESS PHONE: _____ FAX: _____

CELL AND/OR BEEPER: _____ SOC. SEC. NUMBER: _____

E-MAIL ADDRESS: _____ WEBSITE ADDRESS: _____

FIELDS OF WORK: _____

New Construction: Residential Industrial Commercial

Repair Work: Residential Industrial Commercial Remodeling

I hereby certify and understand the above qualifications for membership. I understand that the information I have submitted will be verified by the duly Board of Directors of the Plumbing Contractors Association and they will consider my application after the verification process is completed. I agree to accept and comply with the bylaws of the association and to conscientiously live up to the Standard of Ethics as maintained by the association. Annual dues are \$1,000.00, payable in two installments of \$500.00 each, every June and December. I agree to pay my dues in a timely manner with the first payment tendered with this application.

Members in good standing are entitled to vote for officers, and on matters of the association. They are also entitled to all of the benefits of the association, as well as one free admission to each regularly scheduled Plumbing Contractors Association monthly membership dinner meeting, held on the evening of the fourth Tuesday, at the Plumbing Contractors Association Headquarters Building.

AUTHORIZED SIGNATURE: _____

DATE: _____ REFERRED BY: _____

This application is subject to investigation and to the approval of the Board of Directors and Membership.

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