

# **PLUMBING CONTRACTORS ASSOCIATION**

Advancing the Industry through Education



PLEASE PRINT OR TYPE

## **Associate Membership Application**

PLEASE PRINT OR TYPE

NAME OF OWNER/CEO: \_\_\_\_\_

BUSINESS/COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME (S) OF AUTHORIZED PCA REPRESENTATIVE (if other than the name listed above):

\_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CELL AND/OR BEEPER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ WEB ADDRESS: \_\_\_\_\_

What are your maximum company employees, field and staff, including you, in average year? \_\_\_\_\_

DESCRIBE YOUR GEOGRAPHICAL AREA OF OPERATIONS: \_\_\_\_\_

DESCRIBE YOUR BUSINESS (RETAIL/WHOLESALE PARTS SUPPLIER/DISTRIBUTOR OR SERVICE, ETC.):

\_\_\_\_\_

WHAT ARE YOUR PRIMARY PRODUCTS:

\_\_\_\_\_

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 Contractors Plumbing 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 \$480.00, payable in January. I agree to pay my dues in a timely manner, payment enclosed with this application.

Members in good standing are 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. They may not vote in matters of the Association.

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

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