



Associate Membership

PLUMBING CONTRACTORS

A S S O C I A T I O N

Advancing The Industry Through Education

COMPANY

NAME: _____

ADDRESS: _____

CITY, STATE AND

ZIP: _____

Website: _____

NAME(S) OF PERSONS AUTHORIZED AS COMPANY REPRESENTATIVES (if other than the name listed above):

Name	Cellphone	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 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 \$480.00. I agree to pay my dues in a timely manner with the first payment tendered with this application. Memberships renew the January 1st each calendar year.

I further understand that Members in good standing are entitled to vote for Officers and on matters of the association. Members 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 meeting and that such meetings are held on the evening of the fourth Tuesday of each month, at the Plumbing Contractors Association Headquarters Building.

AUTHORIZED SIGNATURE: _____ **DATE:** _____

PLEASE NOTE: This application is subject to verification. Final Membership approval is up to the Board of Directors and Membership.