

# PHCC Association of San Diego

## 2017 Affiliate Membership Application



### COMPANY INFORMATION

<input type="checkbox"/> <b>Industry Affiliate Membership</b> \$1,000.00 Per Year or \$85.50 Per Month	<input type="checkbox"/> <b>Business Affiliate Membership</b> \$500.00 Per Year or \$42.75 Per Month
<b>An Industry Affiliate</b> does business exclusively in the construction industry, such as: Wholesaler/Supply house, dispatch, manufacturer and their reps, restoration & testing services, equipment rentals, plumbing & HVAC services.	<b>A Business Affiliate</b> does business in multiple industries, such as: financial services, print shops or promotional products, uniform services, marketing services, commercial trucks, fleet services, and insurance services.
Company Name: _____	
Contact Name: _____	Title: _____
Best Phone: _____	Main Office Phone: _____
Email Address: _____	Main Office Contact: _____
Your Shipping Address: _____	Invoice Billing Address (please include street & email addresses): _____
Please select your type of Business (select all that apply)	
<b>Industry Affiliate:</b> <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Wholesaler/Supply House <input type="checkbox"/> Manufacturer or Rep <input type="checkbox"/> Restoration <input type="checkbox"/> Other _____	
<b>Business Affiliate:</b> <input type="checkbox"/> Financial Services <input type="checkbox"/> Marketing <input type="checkbox"/> Truck or Fleet Services <input type="checkbox"/> Printer <input type="checkbox"/> Insurance <input type="checkbox"/> Other _____	

PHCC Association of San Diego Board of Directors reviews new membership applications. In advance of this action, I affirm:

1. I accept and will comply strictly with the laws and regulations stated in the By-Laws of the Association.
2. I have read and agree to uphold the PHCC Code of Ethics and do what I can to fulfill the mission statement.
3. I agree to attend Association meetings regularly.
4. Should this membership be terminated at any time, I agree to surrender immediately any Association insignias and cease any use of the Association's decals or seals of membership.

As in good faith, I hereby affix my signature on this date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Printed Name: \_\_\_\_\_

First payment will be charged to a credit card with submittal of application.		
Check one: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEX <input type="checkbox"/> Discover		
Credit Card Number: _____	Exp. Date: _____	CSV: _____
Name on Credit Card: _____ Cardholder Signature _____		

*I understand that by completing this application I consent to receive communication sent by or on behalf of the PHCC San Diego Chapter. As your association, we believe this information is important to you and your business. PHCC dues are not a charitable contribution for U.S. Federal income tax purposes, but can be a business expense deductible.*