



PHCC of South Carolina

2016 Membership Application

Primary Contact:

Contact Name: _____

(Person to receive PHCC-National Association mailings)

Title: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Dues Amount:

☐ Full Active ContractorMember - \$911

☐ *Introductory Member - \$456

☐ Associate Member - \$400

* Available only to contractors that have never been members of PHCC. **1st** Year Introductory Member dues are 50% of Active Member dues. **2nd** Year Introductory Member Dues are 75% of Active Member dues. **3rd** year – must convert to Active Member status. Introductory members receive full benefits – except they may not vote, hold office or propose bylaw amendments at the national level.

Method of Payment:

Amount: \$ _____

☐ Check/Money Order (payable to PHCC)

☐ Visa ☐ MasterCard ☐ American Express

Card #: _____ Exp.: ____/____

Membership dues may be deductible as a business expense, but not as a charitable contribution.

For 2016, PHCC estimates that 5% of your national dues constitute Lobbying expenses.

Notes:

*Dues are billed on a calendar year basis and will be prorated based on join date.

*Dues may be paid monthly, quarterly or semi-annually with a recurring credit card payment authorization.

Primary Type of Work – Select One:

A/C / Backflow / Drain Cleaning / Energy Efficient Heating / Indoor Air Quality / Plumbing / Radiant Heat / Water Filtration / Solar Heat / Water Efficiency / Fire Sprinklers / Generators

Referral Types of Work – Select all that apply:

A/C / Backflow / Drain Cleaning / Energy Efficient Heating / Indoor Air Quality / Plumbing / Radiant Heat / Water Filtration / Solar Heat / Water Efficiency Fire Sprinklers / Generators

Type of Shop – Select all that apply

Dual / Union / Open / Minority Owned Woman Owned / Veteran Owned

Primary Field of Work – Select One:

Residential Ser. & Repair / Comm. Ser. & Repair Residential Remodel / Comm. Remodel Res. New Construction / Comm. New Construction / Institutional / Industrial

Other Fields of Work – Select all that apply:

Residential Ser. & Repair / Comm. Ser. & Repair Residential Remodel / Comm. Remodel Res. New Construction / Comm. New Construction / Institutional / Industrial

Number of Employees:

Less than 6 / 6 – 10 / 11 – 20 / 21 – 40 / 40+

Date Business Founded: _____

Volume of Annual Business:

Less than \$500k / \$500k - \$750k / \$750k - \$1M \$1M - \$2.5M / \$2.5M - \$5M / \$5M - \$8M / \$8M - \$15M / \$15M - \$25M / \$25M - \$40M / \$40M+

Volume of Products Purchased Annually:

Less than \$500k / \$500k - \$750k / \$750k - \$1M \$1M - \$2.5M / \$2.5M - \$5M / \$5M - \$8M / \$8M - \$15M / \$15M - \$25M / \$25M - \$40M / 0M+

Certifications:

NATE / BPI / LEED / Energy Star Credentialed / Water Auditor Backflow / Energy Auditor



Company Membership Roster

As an active member of PHCC, all of your employees have access to the member benefits as well. Please list all employees in your company that should have access to member benefits.

	First Name	Last Name	Job Title Role/Responsibilities <i>Examples: CEO, HR, Estimator, Technician</i>	Email Address <i>**Each employee <u>must</u> have a unique individual email address and <u>cannot</u> begin with info@, office@ and etc.</i>
1:				
2:				
3:				
4:				
5:				
6:				
7:				
8:				
9:				
10:				
11:				
12:				
13:				
14:				
15:				



PLUMBING-HEATING-COOLING CONTRACTORS ASSOCIATION

Best People. Best Practices.

PHCC Credit Card Authorization Form

PHCC offers the option to pay dues in monthly, quarterly or semiannual installments. Complete this Credit Card Authorization form and we will automatically process your payment as requested and email a confirmation receipt. Please **print** all information except signature line and return this form with your dues invoice **via fax** to 703-237-7442 **Attention:** Raylene Scott-LeGrande or **via email** to legrande@naphcc.org.

****All fields are required to accept this credit card as form of payment****

Company Name: _____

Credit Card Number: _____ AMEX MC VISA

Expiration Date: _____ / _____ **CVV#:** _____ (3 or 4 digit number on credit card)

Name on Credit Card: _____

Billing Address on Card: _____

City / State / Zip Code: _____

Home/Business Phone Number: _____

Email Receipt of Payment to: _____

By signing this form, I authorize PHCC to bill my credit card for:

☐ Monthly Dues \$ _____

☐ Quarterly Dues \$ _____

☐ Semiannual Dues \$ _____

☐ Other charges requested by the card holder \$ _____

I understand charges will be automatically applied and a receipt of payment will be sent to the email address noted above.

Card Holder's Signature: _____ **Date:** _____

