

**APPLICATION FOR MEMBERSHIP TO THE PLUMBING HEATING COOLING CONTRACTORS  
ALAMEDA & CONTRA COSTA COUNTIES**

*Dedicated to the promotion, advancement, education and training of the industry, for the protection of our environment and the health, safety and comfort of society.*

“Every man owes part of his time and money to the business or industry in which he is engaged. No man has a moral right to withhold his support from an organization that is striving to improve conditions within his sphere.”

I HEREBY APPLY FOR MEMBERSHIP IN THE PLUMBING, HEATING, COOLING CONTRACTORS OF:

**Alameda & Contra Costa Counties**

*SAID ASSOCIATION BEING AN OFFICIAL AUTHORIZED LOCAL OF PLUMBING, HEATING, COOLING CONTRACTORS OF CALIFORNIA AND THE NATIONAL ASSOCIATION OF PLUMBING, HEATING, COOLING CONTRACTORS.*

Please Print or Type:

**Business Name:** \_\_\_\_\_ **CSLB #:** \_\_\_\_\_ **Classifications:** \_\_\_\_\_

**Name of Person Representing Your Firm in PHCC:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:**(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Fax:**(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **E Mail:** \_\_\_\_\_

**President or Owner of Firm:** \_\_\_\_\_ **Year Company was Established:** \_\_\_\_\_

IN ADVANCE OF THE ACTION OF THE ASSOCIATION IN PASSING UPON MY APPLICATION FOR MEMBERSHIP, IF MY APPLICATION IS ACCEPTED, I SHALL:

1. Agree to attend Association meetings regularly unless unavoidable prevented from doing so.
2. Agree to not only yield to a majority vote on any question, but will support all such rulings by a hearty compliance thereto.
3. Accept and comply strictly with the laws and regulations as laid down by the Bylaws of this Association.
4. Accept and conscientiously live up to the Standard of Ethics as maintained by the Association in order that the industry may continue to be uplifted to a constantly higher standard.
5. Agree to perform any duty or serve on any committee assigned to me by the officials of the Association unless unavoidably hindered from so doing.
6. Agree for the interest of anyone concerned that I will in no way act so as to compromise or embarrass said Association.

**DUES**

**NATIONAL:** \$456.00 annually or \$38.00 monthly  
**STATE:** \$38.00 monthly plus \$15.00 monthly Free Enterprise Fund Assessment  
**LOCAL:** \$71.00 monthly\*  
\* includes one membership dinner at the local chapter meetings

AS EVIDENCE OF MY GOOD FAITH, I HEREBY AFFIX MY SIGNATURE ON THIS DATE \_\_\_\_\_  
Signature of Applicant \_\_\_\_\_

For Office Use Only
Action of the Board: ( ) Approved ( ) Disapproved Date: ____/____/____ Amount Rec'd _____ PHCC-CA Notified ____/____/____ PHCC-NA Notified ____/____/____

Dues to PHCC-NA, PHCC-CA and PHCC-local are not deductible as a charitable contribution, but may be considered as an ordinary and necessary business expense. However, a portion of PHCC-NA and PHCC-CA dues is not deductible as a business expense to the extent that PHCC-NA and PHCC-CA engages in lobbying. The non-deductible portion of dues for 2005-06 is five percent (5%).

Please send application and payment to: PHCC Alameda-Contra Costa Counties  
135 Lindbergh Ave., Suite C  
Livermore, Ca 94551