

# APPLICATION FOR MEMBERSHIP TO **PHCC OF SACRAMENTO VALLEY**



Name :

Company Name :

Work Address :

City :

State :

Zip :

Email :

Phone :

Fax :

Home Address :

Phone :

State Contractors License No. :

Classification(s) :

Date Issued :

*I do hereby certify that I am a duly licensed State Contractor in Sacramento, CA, and do hereby submit an application to become a member of the Plumbing-Heating-Cooling Contractors of the Sacramento Valley, Inc. Attached is my check for the initiation fee, as required in the By-Laws of said Association.*

Date this form was filled out: \_\_\_\_\_ Signed, \_\_\_\_\_

**Annual Dues : \$2,458**

**Breakdown of dues : \$984 Local Dues; \$720 State Dues; \$574 National Dues; \$180 Free Enterprise Coverage**

*Payment for the Annual Dues, as required by the By-Laws of said Association.*

☐ Check Enclosed

☐ Credit Card CC# \_\_\_\_\_ CVC \_\_\_\_\_ Exp. \_\_\_\_\_

Name on card : \_\_\_\_\_ Billing Address : \_\_\_\_\_

Recommended to the PHCC of SV by : \_\_\_\_\_

**For office use only:**

Date application taken: \_\_\_\_\_ Date referred to board: \_\_\_\_\_ Executive Director Initials: \_\_\_\_\_

Date referred to General Membership: \_\_\_\_\_ Date Initiated: \_\_\_\_\_ Executive Director Initials: \_\_\_\_\_

## Thank you for your Submission!

PHCC of California, Sacramento Valley  
1820 Tribute Road, Suite A Sacramento, CA, 95815  
#: (916) 925 - 7390 Email: [contactus@caphcc.org](mailto:contactus@caphcc.org)  
[www.caphcc.org](http://www.caphcc.org) [www.phccwest.org](http://www.phccwest.org)