

PHCC OF SACRAMENTO VALLEY AFFILIATE APPLICATION



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 : \$984

Breakdown of dues : \$984 Local 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 Sac Valley 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
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