



**Connecticut Association
of Plumbing, Heating & Cooling
Contractors, Inc.**

2011 Associate Membership Application

Company Name: _____

Contact Name: _____

Address: _____ Phone: _____

(Street and/or P.O. Box)

Fax: _____

(Town, State, Zip)

E-mail: _____

Website: _____

Previous Associate Member: Yes _____ No _____

Type of Business: Wholesaler _____ Manufacturers' Representative _____ Manufacturer _____

Other (Please indicate type) _____

PAYMENT INFORMATION:

____ Enclosed is my check for \$395 (Associate Member)

____ Please charge my credit card for: ____ \$395

Name on Card: _____

____ Visa ____ MC ____ Amex Card Number _____

Expiration Date _____

PLEASE MAIL TO: CT-PHCC, P.O Box 2407, Meriden, CT 06450

OR FAX TO: (860) 828-2070

Any questions, please call us at (203) 379-3007