



2011 Connecticut Association of Plumbing, Heating & Cooling Contractors



Application for Membership

NATIONAL ASSOCIATION OF PLUMBING HEATING COOLING CONTRACTORS, INC. CONNECTICUT ASSOCIATION OF PLUMBING HEATING COOLING CONTRACTORS, INC.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

License Number(s)\*: Plumbing: \_\_\_\_\_ P- \_\_\_\_\_ Heating: \_\_\_\_\_ S- \_\_\_\_\_

\*Proper licensing by the State of Connecticut is a membership requirement. Include a copy of your license (P1, P3, S1, S3, S7 or D1) with this application.

Home Address: \_\_\_\_\_ Spouse: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Membership in business, civic groups, etc.: \_\_\_\_\_

I hereby apply for membership in the National/Connecticut Association of Plumbing Heating Cooling Contractors, Inc. I agree to operate by the Code of Ethics for these Associations and pay annual dues to both organizations.

I have been sponsored by: \_\_\_\_\_ Member Name Company Name

Signature

Print Name

Membership: January 1, 2011– December 31, 2011

Annual Dues: \$725.00

Full Year \$725.00

Enclosed is my check made payable to CAPHCC for \$ \_\_\_\_\_

Please charge my credit card: Visa MC Amex Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please mail this completed form, copy of your CT License(s) and payment to:

CAPHCC – PO Box 2407, Meriden, CT 06450-1407, Fax: (860) 828-2070 Phone: (203)379-3007