PHCC Association of San Diego





COMPANY INFORMATION	
□ Industry Affiliate Membership*	□ Business Affiliate Membership*
Check One: ☐ \$1,000.00 Per Year ☐ \$99.00 Per Month	Check One: ☐ \$500.00 Per Year ☐ \$50.00 Per Month
Company offers products or services <u>exclusively in construction</u> <u>or plumbing / HVACR industry</u> , such as: wholesaler/supplier, construction dispatch, construction IT and marketing/SEO services, manufacturer reps, restoration & testing, equipment rentals, water filtration, or other construction-based services.	Company offers products or services in <u>multiple industries or</u> <u>to varying client types</u> , such as: financial/insurance services, print shops, merchandise, uniform services, general marketing services, commercial truck sales or fleet services.
Company Name:	
Local Contact Name:	Title:
Mobile Phone:	Office Phone:
Email Address:	Website:
Local Rep Address:	Billing Contact: (contact name, email & mailing address)
Business Type (select all that apply)	
Industry Affiliate: Plumbing/HVAC Wholesaler Manufacturer or Rep Restoration Software Other Insurance Other Other Insurance Insurance Other Insurance Insu	
PHCC Association of San Diego Board of Directors reviews membership applications. In advance of this action, I affirm: 1. I accept and will comply strictly with the laws and regulations stated in the By-Laws of the Association; 2. I have read and agree to uphold the PHCC Code of Ethics and will do what I can to fulfill the mission statement; 3. I agree to attend Association meetings regularly. 4. Should this membership be terminated at any time, I will cease any use of PHCC decals or seals, and marketing of membership.	
In good faith on this date, I hereby agree to the above and affix my signature:	
Signature of Applicant*: Printed Name:	
First payment charged to credit card upon submitted application: Business Check Credit Card * Debit Card* ACH *	
* For payment plan <u>and/or</u> ACH Transfer, please complete Recurring Payment Authorization Form (attached).	
One-time Charge on Credit/Debit Card#:	Exp. Date:CSV:
Cardholder Name: Cardholder Signature:	
Full Billing Address for Card:	
□ * I give permission to PHCC Association of San Diego to charge my credit card or bank account as referenced for recurring dues	

* I affirm my company is applying for membership to the PHCC Association of San Diego for one year, paid in full at time of acceptance, or on an installment plan using the credit card, debit card or ACH bank transfer information listed on the attached Authorization Form. I understand membership continues automatically until the PHCC San Diego office receives a written cancellation notice from me or a representative from my company. I will receive regular communication from the PHCC, and by participating at events, my likeness may be shared in print or online promotional material. PHCC dues are not reimbursable or considered a charitable contribution for tax purposes but can be deducted as a business expense. The PHCC considers 5% of membership dues may be estimated for lobbying efforts.

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