

PHCC Association of San Diego

2022 Affiliate Member Application



COMPANY INFORMATION	
<input type="checkbox"/> Industry Affiliate Membership* Check One: <input type="checkbox"/> \$1,150.00 Per Year <input type="checkbox"/> \$110.00 Per Month	<input type="checkbox"/> Business Affiliate Membership* Check One: <input type="checkbox"/> \$650.00 Per Year <input type="checkbox"/> \$60.00 Per Month
Company offers products or services <u>exclusively in construction 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 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: <input type="checkbox"/> Plumbing/HVAC <input type="checkbox"/> Wholesaler <input type="checkbox"/> Manufacturer or Rep <input type="checkbox"/> Restoration <input type="checkbox"/> Software <input type="checkbox"/> Other _____	
Business Affiliate: <input type="checkbox"/> Financial Services <input type="checkbox"/> Marketing <input type="checkbox"/> Truck or Fleet Services <input type="checkbox"/> Printer <input type="checkbox"/> Insurance <input type="checkbox"/> Other _____	

PHCC Association of San Diego Board of Directors reviews membership applications. In advance of this action, I affirm:

- I accept and will comply strictly with the laws and regulations stated in the By-Laws of the Association;
- I have read and agree to uphold the PHCC Code of Ethics and will do what I can to fulfill the mission statement;
- I agree to attend Association meetings regularly.
- Should this membership be terminated at any time, I will cease any use of PHCC decals or seals, and marketing of membership.
- I understand that I will be required to keep my form of payment updated. Any failed payment may result in a late fee.
- I accept that deactivation of my membership requires a 30-day written notice.

In good faith on this date _____, I hereby agree to the above.

Signature of Applicant*: _____ Printed Name: _____

Membership payment to be used upon submitted application: Credit Card * Debit Card* ACH *
Please complete Recurring Payment Authorization Form (attached).

** 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 30-day 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.*

Rev Dec 2021