

2010 MEMBERSHIP APPLICATION
Plumbing Heating Cooling Contractors North Texas
www.phccnorthtexas.org

Contact information

Date: _____

Contact Name: _____

(Newsletters sent by e-mail)

Additional e-mails: _____

Company Name _____

Address: _____

City: _____ State _____ Zip _____

Telephone: _____ Fax: _____

Website: _____

Type of Business

Contractor Member _____ \$899.00 per year (includes membership to the Texas
Construction Association)

Associate Member _____ \$300.00 per year

Inspector Member _____ 30.00 per year

Membership Agreement

"I agree to comply with the PHCC with the PHCC Bylaws and Code of Ethics"

Signature: _____

Payment: _____

Check enclosed _____ (make check payable to PHCC North Texas)

Credit card # _____

Expiration: _____ Type: _____

Mail of Fax Completed Application to:

Barbara Lochridge
4340 Highlander Drive
Dallas, TX 75287
972-818-1990
972-818-2105-fax

