

## APPLICATION FOR MEMBERSHIP AFFILIATE MEMBER

<u>AFFILIATE MEMBERS</u>: Educators, Code Inspectors, Government Agencies, and others affiliated with the industry but are not a supplier of goods or services.

I hereby apply for membership in the PHCC Pinellas Association (PAPHCC). **FULL PAYMENT MUST ACCOMPANY THIS APPLICATION.** 

Please print c	learly	
Name:	Title:	
Company:	Phone:	
Fax Number:	Email:	
Address:	City:	Zip:
Cell Phone:	Preferred Contact Method: Email	Phone Mail
Type of Business:		
undertake and the agreements	all subscribe my name to the original copy of the Constitution and agree to comply with the provisions of said Constitution and Byss entered into by the Association, as well as with any organization and the constitution of the constitution and byss entered into by the Association, as well as with any organization and the constitution and byss entered into by the Association, as well as with any organization and the constitution and the constituti	Laws and rules made by
APPLICANT SI	n is associated, allied or affiliated, or is a participant.  GNATURE: Date:	