

**WE MEAN  
BUSINESS**



## Service Associate Membership

This member program is for companies that provide services within the plumbing or HVACR industry and do NOT require a county or state plumbing or A/C license.

**This value-driven membership includes...**

- ✓ Pre-paid registration & dinner at PHCC Pinellas Monthly General Membership Meetings (1 rep)
- ✓ Recognition on PHCC Pinellas Website
- ✓ Recognition at PHCC Pinellas Events
- ✓ Member discount for PHCC Pinellas Events and Trade Show

**A service associate membership provides the visibility to keep your services 'top of mind' to PHCC contractor members.**

### Upcoming 2019 Events

- May 17 Shooting Event & Competition
- September 7 Trade Show & Casino Night
- October 20 Picnic w/pie & BBQ contest
- November 20 Member Appreciation

**JOIN PHCC PINELLAS!**

855-669-7422

[www.paphcc.com](http://www.paphcc.com)

PO Box 3572, St. Petersburg, FL 33731



**PINELLAS ASSOCIATION**  
**PLUMBING-HEATING-COOLING**  
**CONTRACTORS ASSOCIATION®**  
*Best People. Best Practices.®*

**APPLICATION FOR MEMBERSHIP**  
**SERVICE ASSOCIATE MEMBER**

**SERVICE ASSOCIATE MEMBERS:** Company provides services within the plumbing or HVACR-related industry that do NOT require a county or state plumbing or A/C license.

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

**Please Print Clearly**

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

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

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Preferred Contact Method: Email\_\_\_ Phone\_\_\_ Mail\_\_\_

Type of Business: \_\_\_\_\_

**Annual Dues**

\$1000

If elected, I shall subscribe my name to the original copy of the Constitution and By-Laws. I do expressly undertake and agree to comply with the provisions of said Constitution and By-Laws and rules made by the agreements entered into by the Association, as well as with any organization group or body with which this Association is associated, allied or affiliated, or is a participant.

APPLICANT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_