



Philadelphia Suburban Association of Plumbing ~ Heating ~ Cooling Contractors

P.O. Box 604 Broomall, PA 19008 Phone: 484-574-0716 Fax: 610-514-5777 Email: psaphcc@yahoo.com

2015 Industry Associate Application

Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Fax: _____ Email: _____

If accepted, I agree to conform to the By-laws and Constitutions of the Association. It is my understanding that this application, if approved, includes membership to the Philadelphia Suburban Association of Plumbing Heating Cooling Contractors.

Total Dues: \$155.00 (includes; invitation to general meetings, monthly newsletter and social events). There is a \$10 pp fee at dinner meetings. All notices are sent via e-mail.

Signature: _____ Date: _____

Payment Method:

___ Check (Payable to PSA PHCC) \$155.00

___ Credit Card # _____ Exp. Date: _____

Name on Card _____ Code _____

Please mail Membership Application and payment to:

PSA PHCC P.O. Box 604 Broomall, Pa 19008 484-574-0716 fax: 610-514-5777 email:PSAPHCC@yahoo.com

Thank you for joining the PSA PHCC