



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 Member Application

Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____ Email: _____

Delaware County Municipal Plumbing Council License #: _____

Sponsor: _____

If accepted, I agree to conform to the By-laws and Constitutions of the Association Federation. It is my understanding that this application, if approved, includes membership to the Suburban Philadelphia, State and National Associations.

Total Dues: \$923.00 (includes, National, State and Local dues)

Signature: _____ Date: _____

Payment Method:

Check (Payable to PHCC-NA)

Please Bill my Credit Card Monthly Quarterly Semi-Annual Annual

Credit Card # _____ Exp. Date: _____

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