



# 2021 Contractor Membership

**Connecticut PHCC**  
 PO Box 226  
 Fishers Island, NY 06390

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 execdirector@ct-phcc.org  
 www.ct-phcc.org

**Annual dues include membership at both the National and State levels**

Company Name	
Address	City, State, Zip
Phone	Fax
Email	Website
Contact Name	
License Number(s)*	P-
	S-

*\*Proper licensing by the State of Connecticut is a membership requirement. Include a copy of your license (P1, P3, S1, S3 or S7) with this application.*

Home Address	Spouse
Home Phone	Cell Phone

Please list membership in other trade associations, business and civic groups: \_\_\_\_\_

CT-PHCC Contractor Membership includes:

*Full State and National Voting Rights	*Discount on all Continuing Education for you and your employees
*Use of National and State Logos	*State Legislative Representation, Local Chapter Participation, State Convention
*National Webinars, Convention, Education	*Discount on dinner meetings for you and your employees
*National Newsletter, Legislative Conference	*Enhanced Groups (QSC/CCA)
	<b>\$895 per year – 15 month special through March</b>
	Monthly and quarterly payment options are available.

I hereby apply for membership in the National/Connecticut Association of Plumbing, Heating and Cooling Contractors, Inc. I agree to operate by the Code of Ethics for these Associations and pay annual dues to both organizations.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Print Name

I have been sponsored by \_\_\_\_\_  
 Member Name

\_\_\_\_\_  
 Company Name

Payment Information	Annual Dues: \$895.00
Enclosed is my check payable to PHCC for \$ _____	
Please charge my credit card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express	
Card Number: _____ Exp. Date: _____ Sec code _____ Billing zip _____	
Signature: _____	