



Plumbing Heating Cooling Contractors
of San Francisco

APPLICATION FOR SOCIAL MEMBERSHIP

FIRM NAME: _____

REPRESENTATIVE: _____

POSITION: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

MAIN PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

I, the undersigned, do hereby apply for a Social Membership in the Plumbing Heating Cooling Contractors of San Francisco, Inc. I understand that such Social Membership entitles me to:

- Participate in all social functions of PHCC of San Francisco at the usual guest rate
- Receive newsletters of PHCC of San Francisco
- Receive roster of membership

Enclosed is my check/credit card for the annual dues, as required by the By-Laws of said Association.

Annual Dues: \$540.00

Circle One: Visa MC AMEX CHECK-in mail (mailing address is below)

CC# _____ Exp: ____/____

Name on Card: _____

Billing Zip Code: _____

Signed: _____

Recommended to the PHCC of SF by: _____

For office use only:

Date Application Taken : _____ Executive Director-initials: _____

Date Referred to Board: _____ Executive Director-initials: _____

Date Referred to General Membership: _____ Executive Director-initials: _____

Date Initiated : _____ Executive Director-initials: _____