



Illinois Association of Plumbing-Heating-Cooling Contractors

## Associate Membership Application

Please print or type

Contact Name \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Please Check As Many As Apply

- Manufacturer
- Manufacturer's Rep
- Wholesalers
- Supply House
- Business Needs (i.e., insurance, business supplies, etc.)
- Other (please indicate)

Enclosed is my check for \$125.00

Please send invoice to address above

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please send completed form to:  
Illinois PHCC □ 821 South Grand Avenue, West □ Springfield, IL 62704.  
Fax: (217) 522-4315

***QUESTIONS?....1-800-795-7422***