



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)

My check for \$175.00 is enclosed

As an Illinois PHCC Associate Member, we agree that our firm and its staff will abide by the PHCC Bylaws, Code of Conduct, and will conduct business in a legal and ethical manner.

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