

PBACCA Contractor Membership Application Form

Membership is valid through the end of December.

Return this completed form with payment to:

PO Box 3407 Lantana, FL 33465

*561-585-3880 *fax 561-585-3347



Contractor: Contracting firm, corporation, or individuals who design, install, service and/or repair environmental Systems such as heating, air conditioning, refrigeration, humidification, air purification, and ventilation.

MEMBERSHIP INFORMATION:

Company: _____ License #: _____

(You may be requested to provide a copy of your license)

Primary Contact: _____ Title: _____

Alternate: _____ Title: _____

Mailing Address: _____ **Shipping Address (if different):**
Street/P.O. Box _____ Street _____

City, State, Zip Code _____ City, State, Zip Code _____

Phone: _____ / _____ Fax: _____ / _____ Mobile: _____ / _____

E-mail: _____ Web Site: _____

Did a PBACCA member tell you about the Association? If so, please provide the following:

Name: _____ Company: _____

MEMBERSHIP DEMOGRAPHICS:

We typically perform these types of HVACR work:

Date business started: _____ () State () City License Holder: _____

State License #: _____ License Holder: _____ Expiration date: _____

Required Business Insurance in force and paid through: Expiration date: _____

MEMBERSHIP PAYMENT:

Dues:

CONTRACTOR MEMBERSHIP \$300.00

ASSOCIATE MEMBERSHIP \$350.00

(Payment must accompany application)

Check enclosed # _____ Check Amount: _____

Authorized Signature: _____

If approved for membership in PBACCA, I agree to abide by the PBACCA Bylaws, the PBACCA Code of Ethics. Further, I agree to always be current with my company's financial obligations to PBACCA. Contractor members agree to perform HVACR work only where properly licensed and insured as required.

Signature: _____

Date: _____

Please attach a copy of the current state license to this application.