



**PBACCA MEMBERSHIP APPLICATION FORM**  
 Return this completed form with payment to:  
 PO Box 3407 Lantana FL 33465  
 \*561-585-3880 \*fax 561-585-3347 e-mail-priple@pbacca.org

**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.