

# Associate Membership Application

## Oregon Association of PLUMBING-HEATING-COOLING CONTRACTORS, INC.

15635 SE 114th Ave, Suite 209  
Clackamas, Oregon 97015-9029  
(503) 557-1203 FAX (503) 557-0884

Please complete this application and return it to the above address with the applicable dues to become a PHCC member.

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Telefax: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

The purpose and objectives of this association are to promote the cooperative relationship between all members; to protect and preserve the common interest of all members relating to sanitary and public health laws; to promote legislation in the interest of members and keep them informed as to the laws and regulations governing and affecting the industry; to promote general welfare of the members in relation to other associations and agencies and to enter into contracts and agreements with insurance carriers, business firms, corporations, and unions for the purpose of securing their services for the use by the Association and its membership.

By signature below, I agree to abide by and support the stated objectives and purposes of the Association with full understanding that my certification as an industry member in no way implies or connotes voting membership in the Oregon State Association of Plumbing-Heating-Cooling Contractors, Inc., or its affiliated local Association, nor does it permit me to control or otherwise influence the direction of the officers, directors, or executive director. I further understand that should my business or personal activities stand in conflict with or be deemed detrimental to the fulfillment of the purposes and objectives of the Association, my membership may be revoked upon 30 days written notification.

I hereby apply for membership as an Industry Associate, affiliated with OSAPHCC and agree to conform to the bylaws. I understand that all application for membership are subject to approval by the Board of Directors.

Signed: \_\_\_\_\_  
Principal/Executive Officer

Industry Associate Member Yearly Dues  
From January 1 to December 31 \$ \_\_\_\_\_

Questions? Please call us at (503) 557-1203  
Strengthen the voice of PHCC - Join Today!

Approved the date of: \_\_\_\_\_  
By OAPHCC Board of Directors

