



Application for Membership

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ Fax: (_____) _____

Type of Business:

- Contractor Factory Representative
 HVACR Supplier Other HVACR Business
 Educational Membership
 Associate Membership (indicate primary business function)

Annual Dues:

- \$495.00 Suppliers and Factory Representatives
 \$695.00 Contractors with 16 or more employees
 \$495.00 Contractors with 5 to 15 employees
 \$295.00 Contractors with 4 or less employees
 \$270.00 Education or Associate Membership

Dues include one meal at each general membership meeting. (16 or more employee classification includes 2 meals)

Company representative to meetings: _____

E-mail: _____ Website: _____

Check enclosed (Make checks payable to HACCA)

Send invoice to the above address

Date: _____ Completed by: _____