



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: _____
