



CONTRACTOR MEMBER APPLICATION FORM

P.O. Box 4268, Silver Spring, MD 20914-4268
301-384-ACCA FAX 301-384-9623
e-mail: plupson@acca-ncc.org Home Page: www.acca-ncc.org

Name: _____

Title: _____

Company: _____

Mailing Address: _____

Shipping Address: _____

City, State, Zip: _____

Phone: (_____) _____

**Fax: (_____) _____

**E-mail: _____

Home Page: _____

**** A fax number and/or e-mail address is required to receive most communications.** I understand that by providing my mailing address, E-mail address, telephone number and fax number I consent to receive any and all communications sent by or on behalf of ACCA-National Capital Chapter (ACCA-NCC) and its national affiliate via regular mail, E-mail, telephone or fax.

My preferred method of communication is: _____ E-mail OR _____ Fax

Signature: _____ Date _____

Method of Payment

Our business growth investment of _____ is enclosed. We're paying by:

___ Check ___ MasterCard ___ VISA ___ Amex

Card Number: _____ Expiration Date: _____

Authorized Signature: _____

NOTE: ACCA dues are not deductible as a charitable contribution but may be deductible as a business expense up to 80%. 20% of your dues are non-deductible as a lobbying expense.

MEMBERSHIP DUES

(Membership valid one year from approval)

Contractors are companies who design, install, service and/or repair environmental systems such as heating, air conditioning, refrigeration, humidification, air purification, and ventilation.

- * 1-3 employees = \$570.00 * 4-9 employees = \$735.00
- * 10-24 employees = \$1,000.00 * 25+ employees = \$1,165.00

...upon joining ACCA you will receive, absolutely free, a **LICENSING & PERMIT HANDBOOK** along with a **LEGAL HANDBOOK** filled with information to help you run your HVACR business more efficiently.

Please complete reverse side

Business Type
(please circle all that apply)

- AC Air Conditioning
- CN Controls
- DC Duct Cleaning
- EL Electrical
- EM Energy Management
- HT Heating
- IA Indoor Air Quality
- IL Insulation
- PB Plumbing/Piping
- RE Refrigeration
- SM Sheet Metal
- VT Ventilation
- AA All of the above

Fields of Work Performed
(please circle all that apply)

- CM Commercial
- GV Government
- ID Industrial
- IS Institutional
- RS Residential
- ZZ All of the above

Labor Union

- U Union
- O Open Shop

Number of Employees

- _____ Total of complete staff
- _____ Technicians only

Jurisdictions Company Works In
(please circle all that apply)

- (4) Montgomery County
- (5) Prince George's County
- (6) Howard County
- (7) Anne Arundel County
- (8) Calvert County
- (9) Charles County
- (10) St. Mary's County
- (1) All of the above Maryland Counties
- (11) Arlington County
- (12) Fairfax County
- (13) Loudoun County
- (14) Prince William County
- (15) Fauquier County
- (16) Stafford County
- (17) King George County
- (2) All of the above Virginia Counties
- (3) Washington, DC

Please submit:

- copies of your licenses
- proof that you are in compliance with your local zoning ordinances or operating out of a recognized commercial establishment. (This can be done by providing us with a picture of your storefront or a copy of your zoning compliance letter.)

(Your application will be returned if this information is not submitted.)

When did this company open their doors for business?
Month: _____ Year: _____

Did an ACCA member tell you about the Association?

If so, please provide the following:

Name: _____

Company: _____

Mail or fax BOTH sides of this completed form to:

**ACCA - National Capital Chapter
P.O. Box 4268, Silver Spring, MD 20914-4268
FAX 301-384-9623**

(applications may be faxed with credit card information)

Visit our home page: <http://www.acca-ncc.org>

ACCA-NCC grants fax authorization to applicant.