



Plumbing Contractors Association Midwest



ANNUAL ASSOCIATE MEMBERSHIP APPLICATION & COMPANY PROFILE FORM

Company: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____ Web Site: _____

Additional contacts and/or representatives:

Name: _____ Title: _____

Address if different from primary company address: _____

E-Mail: _____ Phone: _____

Name: _____ Title: _____

Address if different from primary company address: _____

E-Mail: _____ Phone: _____

Company Type: Wholesaler _____ Manufacturer _____ Distributor _____ Other _____

Product Lines (attach product line card if you have one): _____

Annual Rate: \$500 (June 1, 2017 – May 31, 2018)

Please make checks payable to the PCA and mail with application form to:

Plumbing Contractors Association Midwest - 603 Rogers Street, Suite 2 - Downers Grove, IL 60515

312-563-9526 – Fax 630-960-5487; www.pcaofchicago.com

If using credit card, please fill out the information below and e-mail Sharon Robb

Sharon@plumbingcouncil.org or fax to 630-960-5487.

MASTERCARD VISA AMER EX Credit Card Information (if applicable):

Signature _____ Acct #: _____

Exp. Date ____/____. V#: ____ (last 3 digits on back of card for MASTERCARD & VISA)

V#: ____ (4 digits on front for AM EX)

Bill Address if different from above: _____