

ACCA Contractor Membership Application Form

Membership is valid for a 12 month period. Return this completed form with payment to:

ACCA Arizona
10211 N. 32nd Street, Suite B2
Phoenix, AZ 85028
Phone: 602/298-5454 Fax: 602/298-5455
acca@acca-az.org

Please type or print in black ink



Contractor: Contracting firm, corporation, or individuals who design, install, service and/or repair environmental systems such as heating, air conditioning, refrigeration, humidification, air purification, and ventilation.

MEMBERSHIP INFORMATION:

Company: _____ License #: _____

(You may be requested to provide a copy of your license)

Primary Contact: _____ Title: _____

Alternate: _____ Title: _____

Mailing Address:

Street/P.O. Box _____

City, State, Zip Code _____

Shipping Address (if different):

Street _____

City, State, Zip Code _____

Phone: _____ / _____ Fax: _____ / _____ Mobile: _____ / _____

E-mail: _____ Web Site: _____

Did an ACCA member tell you about the Association? If so, please provide the following:

Name: _____ Company: _____

MEMBERSHIP DEMOGRAPHICS:

Types of Work Performed:

[ACCA members refer business to each other! The codes below will appear in the Membership Directory]

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> AC Air Conditioning | <input type="checkbox"/> EM Energy Management | <input type="checkbox"/> PB Plumbing/Piping | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> CN Controls | <input type="checkbox"/> HT Heating | <input type="checkbox"/> RE Refrigeration | |
| <input type="checkbox"/> DC Duct Cleaning | <input type="checkbox"/> IL Insulation | <input type="checkbox"/> SM Sheet Metal | |
| <input type="checkbox"/> EL Electrical | <input type="checkbox"/> IA Indoor Air Quality | <input type="checkbox"/> VT Ventilating | <input type="checkbox"/> AA All Listed |

Fields of Work Performed (Please provide percentage):

- | | |
|---|--|
| ____% Design Build | <input type="checkbox"/> Service <input type="checkbox"/> Installation <input type="checkbox"/> Both |
| ____% Residential | <input type="checkbox"/> Service <input type="checkbox"/> Installation <input type="checkbox"/> Both |
| ____% Institutional | <input type="checkbox"/> Service <input type="checkbox"/> Installation <input type="checkbox"/> Both |
| ____% Government | <input type="checkbox"/> Service <input type="checkbox"/> Installation <input type="checkbox"/> Both |
| ____% Commercial/Industrial (over 5 tons) | <input type="checkbox"/> Service <input type="checkbox"/> Installation <input type="checkbox"/> Both |
| ____% Residential/Light Commercial (under 5 tons) | <input type="checkbox"/> Service <input type="checkbox"/> Installation <input type="checkbox"/> Both |
| ____% Industrial | <input type="checkbox"/> Service <input type="checkbox"/> Installation <input type="checkbox"/> Both |

Union Affiliation

- | | |
|--|---|
| <input type="checkbox"/> UA United Association | <input type="checkbox"/> SM Sheet Metal |
| <input type="checkbox"/> RU Open Shop | <input type="checkbox"/> Other |

Annual Sales (for ACCA confidential records only):

- | | |
|--|---|
| <input type="checkbox"/> Under \$300,000 | <input type="checkbox"/> \$3 - \$5 Million |
| <input type="checkbox"/> \$300,000 - \$1 Million | <input type="checkbox"/> \$5 - \$10 Million |
| <input type="checkbox"/> \$1 Million - \$3 Million | <input type="checkbox"/> Over \$10 Million |

MEMBERSHIP PAYMENT:

Membership is based on the total number of employees at this location – please check one:

- | | | | |
|--------------------------------|--------------|--------------------------------|---------------|
| Total Employees: | Dues: | Total Employees: | Dues: |
| <input type="checkbox"/> 1-3 | \$585 | <input type="checkbox"/> 25-50 | \$1290 |
| <input type="checkbox"/> 4-9 | \$750 | <input type="checkbox"/> 51-75 | \$1663 |
| <input type="checkbox"/> 10-24 | \$995 | <input type="checkbox"/> 76+ | \$1998 |

Check Enclosed MasterCard, Visa, AMEX, Discover Number _____ Exp Date _____

I understand that by providing my mailing address, email address, telephone number, and fax number I consent to receive communications sent by or on behalf of ACCA-Arizona and its subsidiaries and affiliates via regular mail, email, telephone, or fax.

As a member, I agree to abide by the ACCA Code of Ethics & have read the ACCA Antitrust Policy (see reverse side):

Signature: _____ Date: _____

ACCA dues are not deductible as a charitable contribution for federal tax purposes but may be deductible as a business expense up to 80%. We estimate 20% of your dues are nondeductible for the tax year because of ACCA's lobbying efforts on behalf of its members