



ACCA-AZ Associate/Affiliate Membership Application Form

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

Air Conditioning Contractors of America – AZ
10211 N. 32nd Street, Suite B2 * Phoenix, AZ 85028
Phone: 602/298-5454 Fax: 602/298-5455
E-mail: acca@acca-az.org Web Page: www.acca-az.org

Company: _____

Primary Contact: _____ Title: _____

Alternate: _____ Title: _____

Mailing Address: _____ Shipping Address (if different): _____

Street/P.O. Box _____ Street/P.O. Box _____

City, State, Zip Code _____ City, State, Zip Code _____

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

E-mail: _____ Web Site: _____

Number of years in business: _____

Please give a brief description of the type of business you are engaged in: _____

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

Categories Of Membership Applying For:

Associate Member. Includes firms that sell or supply parts, materials, equipment, and fabricated HVACR products to general members; architects and engineers. Annual investment = \$650.

Affiliate Member. Includes equipment and product manufacturers, vocational/technical schools, utilities, insurance and financial service providers, and other firms that provide services to members but are indirectly affiliated with the Industry. Annual investment = \$650.

I wish to become a member of the **Air Conditioning Contractors of America - Arizona**. As a member, I agree to abide by the ACCA Code of Ethics and have read the ACCA Antitrust Policy (see reverse side).

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-AZ and its subsidiaries and affiliates via regular mail, email, telephone, or fax.

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

Signature: _____ Date: _____

Title: _____

_____ Check enclosed in the amount of \$ _____

_____ Credit Card (Circle One) Visa MasterCard Discover American Express

Name on Card: _____

Card Number: _____ Expiration Date: _____