

Application for Contractor Membership

As a licensed contractor in the state of Arizona we herewith apply for acceptance into the Metro Phoenix PHCC as well as the Arizona PHCC and NAPHCC.

Please print or type				
Company:				
Company Representative:				
Title:				
Address:		City:	State:	Zip:
Phone:	Cell:			
AZ ROC License #:	(Dpen Shop 🗌 Uni	ion 🗌	
Membership Investment				
Annual Dues include all National State and Metro PHCC Benefits				
(Flexible Membership Investment Options)				
Payment: Annual: 🗌 \$1160.00 Semi Annual: 🗌 \$580.00 Quarterly: 🗌 \$290.00				
Quarterly Payments are due no later than January 31, April 30th, July31st, and Oct 31st.				
Membership Paid in full will include your company name and link to your website on the Chapter webpage.				
Method of Payment:				
Check: (make payable to Metro Phoenx PHCC) Send to:				lington Dr. Suite 101
Credit Card:				,
Card Type:	Card Number:		Exp C	Date:/
CVV#:	Zip: N	Name on Card:		