

Application For Membership



TOLEDO HEATING AND
AIR CONDITIONING
CONTRACTORS
ASSOCIATION

Please Print. Use additional paper if necessary.

Firm: _____ Contact: _____

Address: _____

Mailing Address: _____

Email: _____ Phone: _____ Fax: _____

Name/Title of Owner(s), Partner(s) or Officers: _____

License Holder (Name, Address, Phone & License Held): _____

Provide contact information for the following types of references:

Contractor: _____

Customer: _____

Supplier: _____

This firm certifies that the above statements are correct and agrees, if elected to membership, it will be governed by the Articles of Incorporation, Rules and Regulations and Dues Structure of the association as long as it continues as a member and further agrees to promote the objectives of the association so far as possible.

The firm hereby makes application for membership on the basis of the foregoing statements.

Signature: _____ Title: _____ Date: _____

Applicants for membership in THACCA are required to be sponsored by two current THACCA members, at least one of whom must be an active HVAC Contractor member. Please have your sponsors sign the application to indicate their recommendation.

Sponsor: _____ Firm: _____

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Membership Dues: \$450

(Billed each January. Dues are pro-rated based on when you join.)

Check (enclosed)

Credit Card (see below)

Card #: _____ Exp. _____ V-Code _____

Cardholder Signature: _____

Return Application to: THACCA
1911 Indian Wood Circle
Suite A
Maumee, OH 43537

Email: kbuchanan@toledohba.com
Phone: 419-473-2508
Fax: 419-473-3015