



PHONE  
(513) 742-2672  
FAX  
(513) 742-8477

# CMPA



Ohio State and National  
Association of  
Plumbing-Heating-Cooling  
Contractors

## APPLICATION FOR MEMBERSHIP

The undersigned wishes to become a member of the CMPA, Plumbing-Heating-Cooling Contractors of Ohio (PHCC of Ohio), and National Association of Plumbing-Heating-Cooling Contractors (PHCC-NA). If accepted, the undersigned agrees to abide by the constitution and by-laws governing these respective associations.

NAME: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_  
(street) (city) (state) (zip)

TYPE OF BUSINESS: CORPORATION \_\_\_ PARTNERSHIP \_\_\_ SOLE PROPRIETOR \_\_\_

DATE BUSINESS ESTABLISHED: \_\_\_\_\_ FAX #: \_\_\_\_\_

NUMBER OF MECHANICS: OHIO CONTRACTOR \_\_\_ JOURNEYMAN \_\_\_ APPRENTICES \_\_\_

NAME OF PRINCIPAL REGISTRANT: \_\_\_\_\_

LIST ALL LICENSES HELD (OR REGISTRATIONS): \_\_\_\_\_

SIGNATURE OF THREE CMPA CONTRACTOR MEMBERS ENDORSING YOUR MEMBERSHIP:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

I, the undersigned, do hereby signify that upon resignation/termination of membership, I will return to the association, any materials and equipment belonging to them, and will cease to use the names, logos or trademarks of CMPA, PHCC of Ohio or PHCC-NA immediately and entirely.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE BILL COMPANY DUES:  
\_\_\_ ANNUALLY \_\_\_ SEMI-ANNUAL \_\_\_ QUARTERLY \_\_\_ MONTHLY

(over)

**CINCINNATI MASTER PLUMBERS' ASS'N**

11020 SOUTHLAND RD. - CINCINNATI, OHIO 45240

DUES INCLUDE MEMBERSHIP IN:

(1) CMPA	\$ 54.83
(2) PHCC of OHIO & NATIONAL PHCC	<u>74.92</u>
Monthly Total	\$ 129.75

If you choose to have your dues billed ~

MONTHLY, there is a \$3.50 service charge monthly \*

QUARTERLY, there is a \$3.50 service charge quarterly \*

SEMI-ANNUALLY, no service charge (prorated to June/December)

YEARLY, prorated to the end of the year

YOUR APPLICATION MUST BE ACCOMPANIED BY A CHECK IN THE AMOUNT OF \$25.00 (INITIATION FEE)

\*SIX MONTH'S DUES ARE PAID TO THE STATE AND NATIONAL ASSOCIATIONS IN ADVANCE (December & June) AFTER BEING ACCEPTED INTO THE CMPA, IF YOU HAVE CHOSEN THE MONTHLY OPTION OF BILLING, YOU WILL RECEIVE A BILL FOR THIS AMOUNT.

SELECT PREFERENCE OF RECEIPT OF OUR MONTHLY NEWSLETTER:

Via: \_\_\_\_\_ MAIL (only one copy)      Attn: \_\_\_\_\_

\_\_\_\_\_ E-MAIL (unlimited)  
(List e-mail addresses below)