



Kansas Plumbing-Heating-Cooling Contractors–National Association

Committed to a Responsible Future

Associate Contractor Membership Application

Date: _____

Contact Name and Title (person to receive KPHCC mailings).

Company Name: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Please email your logo and/or link to office@phccks.org so we can add to our website.

Dues Amount: Associate Member - \$400.00 USD per year. Membership renews on anniversary date of becoming a member.

Check is Preferred Method of Payment:

Check or Money Order Enclosed (payable to KPHCC) Amount \$ _____

Membership dues may be deducted as a business expense, but not as a charitable donation.

1632 S. West St, Wichita, KS 67213 • Phone: 316-943-7100
Website: www.phccks.org • E-mail: office@phccks.org