



Join Now!

and your benefits begin immediately

MEMBERSHIP APPLICATION / RENEWAL

I hereby make application to become a member of Greater Cleveland Air Conditioning Contractors Association. Through this membership, my company will benefit from local services and opportunities.

Greater Cleveland ACCA Membership only \$250.00 per year
HVAC Student / Instructor Membership \$25.00 per year (Local Dues Only)

Please print the following information

COMPANY NAME _____

REPRESENTATIVE _____

ADDRESS _____

CITY _____ COUNTY _____ STATE/ZIP _____

PHONE (____) _____ FAX (____) _____

EMAIL _____ WEBSITE _____

Length of time in Business _____ years Number of Technicians _____

STATE ID# _____ Types of Business: (mark all that apply)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Boilers | <input type="checkbox"/> Evaporative Cooling | <input type="checkbox"/> Indoor Air Quality | Markets Served |
| <input type="checkbox"/> Controls | <input type="checkbox"/> Geothermal Systems | <input type="checkbox"/> Plumbing/Piping | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Duct Cleaning | <input type="checkbox"/> Home Performance. | <input type="checkbox"/> Radiant Htg. & Clg. | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> HVAC | <input type="checkbox"/> Refrigeration | <input type="checkbox"/> Service |
| <input type="checkbox"/> Energy Mgmt. | <input type="checkbox"/> Indoor Air Quality | <input type="checkbox"/> Sheet Metal | <input type="checkbox"/> New Construction |

Signature of Owner** _____ Referred by _____

*(**By my signature, I agree to abide by the Code of Ethics and the Bylaws of the Associations to which I am applying for membership.)*

MEMBERSHIP INVESTMENT

Greater Cleveland ACCA Membership through December 31, 2018

Dues in Greater Cleveland ACCA = \$250.00 yearly

<p>Make check payable to: Greater Cleveland ACCA</p> <p>And remit to: P. O. Box 13223 Fairlawn, OH 44334</p> <p>Dues may be deductible as business expense Except for 5% used for legislative efforts on your behalf.</p>	<p>Credit Card Payment: (Circle One) <input type="checkbox"/> Visa <input type="checkbox"/> MC</p> <p>Card # _____ Amount \$ _____ Exp. Date _____ Zip Code _____ CVV Code _____ Print name on card _____ Address on card _____ Signature _____</p>
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For additional information, call 330-671-2191