



2026 Contractor & Affiliate Application

Contact Name:		Title:			
Company Name:					
Address:	ldress: Mailing Address (if different):				
City:		State:	Zip Co	Zip Code:	
		Fax:	 		
-mail: Website:					
Type of Memb	ership				
Contractor: Plumbing License : Other License #:		Master:	Journeyman:Trade		
Type of Business:	Plumbing Se		oing New	Mechanical Contractor	
(Check all that apply)	Heating Serv	ice Air Co	onditioning	Refrigeration	
	Sheet Metal [Reside	ential 🗌	Commercial	
	Other				
		Number of Technicians:			
Affiliate:□	Instructor] In	spector		
Applican		icense#School/Town Employer:			
	nd Affiliate Members may select a PHCC	O •	0	local chapter meetings. e in your area.	
Mystic	valley:	Eastern Middlesex County			
Charles River:		Norfolk County and Northern Plymouth County			
Greater Boston:		Signatory Contractors with Local 12			
SE Mass:		Bristol County and Western Plymouth County			
Plymouth Rock:		Plymouth & Upper Cape			

Working Together for a Better Industry

Membership Entitles you to:

- > One FREE Plumbing & Gas Code Book and discount for employees (Contractor Members)
- ➤ One FREE Plumbing & Gas Code Book (Instructor and Inspector Affiliate Members)
- ➤ One FREE CE Class Regular, Correspondence or Online with additional discounts for employees (Contractor Members)
- ➤ Significant discounts on Gas Venting Labels and Direct Venting Signs
- FREE customer referral service through the PHCC of MA website (phccma.org), our PHCC of MA office in Braintree, and the PHCC National website (naphcc.org)
- Access to PHCC Chapter meetings across the state (All Members)
- Access to specialized insurance program for PHCC Members.
- ➤ New England Progress Magazine
- > FREE admission to the PHCC Annual Trade Show
- ➤ Access to all National PHCC programs (Contractor Members)

2026 MEMBERSHIP

\$115 per month* Contractor: \$339 per quarter* 9% discount for full year payment \$1,225 **Affiliate Inspector:** \$250 for full year payment **Affiliate Instructor:** \$250 for full year payment *Quarterly, monthly: MUST BE CREDIT CARD PAYMENT. First payment will be charged to credit card with submittal of membership application. Credit card will be charged automatically for additional payments – and notification faxed to you – on the first day of each subsequent quarter (April 1, July 1, October 1) or month as appropriate. Ouarterly* | Monthly* Dues Payment Plan: In Full Visa | MasterCard | Amex Credit Card #: _____ Exp. Date: _____ Sec.Code Name on Card: Signature:

I understand that by providing the information on this membership application that I consent to receive faxes, email, telephone, and regular mail service sent by or on behalf of the PHCC-National Association and PHCC of MA (and its affiliated companies). We will send information that we, as your association, believe is important to you and your business. PHCC-NA/PHCC of MA membership dues are not deductible as a charitable contribution for U.S. Federal income tax purposes, but may be deductible as a business expense.