

ACCA - Ohio Chapter

APPLICATION FOR ASSOCIATE MEMBERSHIP

Date _____

I (We) hereby apply for Associate Membership in the Air Conditioning Contractors of America, Ohio Chapter. If accepted, I (we) agree to abide by the rules and regulations of the organization.

Associate Member Dues\$ 150.00 annually

Company Name _____

Business Address: _____

City: _____ State: _____ Zip Code _____

Phone (_____) _____ Fax (_____) _____

E-mail _____ Website _____

Product / Service Information (please identify all lines / services)

Representative Name: _____

Representative Address: if different from above _____

City: _____ State: _____ Zip Code: _____

Recommended by: _____

Signature of Representative _____

Return completed application with payment to: ACCA – Ohio Chapter
18961 River's Edge Drive
Chagrin Falls, OH 44023

Call the association offices at 800-353-ACCO (2226) if you have questions