



Air Conditioning Contractors Professional Alliance

Florida-ACCPA Contractor Membership

Company _____

First Name _____ Last Name _____

Title _____ Phone # (_____) _____

E-mail Address _____

Company Web Site _____

Mailing Address _____

City _____ State _____ Zip _____

Please provide your location for potential new customers to easily find you!

Florida County where your company is located: _____

License # _____

Tell us what your company does (please check all that apply):

<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Controls	<input type="checkbox"/> Duct Cleaning	<input type="checkbox"/> Electrical	<input type="checkbox"/> Energy Management
<input type="checkbox"/> Evaporation Cooling	<input type="checkbox"/> Geothermal Cooling	<input type="checkbox"/> Heating	<input type="checkbox"/> Home Performance	<input type="checkbox"/> Indoor Air Quality
<input type="checkbox"/> Insulation	<input type="checkbox"/> Plumbing/Piping	<input type="checkbox"/> Radiant Heating & Cooling	<input type="checkbox"/> Refrigeration	
<input type="checkbox"/> Sheet Metal	<input type="checkbox"/> Test & Balance	<input type="checkbox"/> Ventilation		

Markets served (please check all that apply):

<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Design/Build	<input type="checkbox"/> Government
<input type="checkbox"/> Institutional	<input type="checkbox"/> Light Commercial	<input type="checkbox"/> Residential

Choose your Membership payment option:

<input type="checkbox"/> \$275 annual membership Select this payment option to be billed annually for your membership. By selecting this option, you'll receive ONE MONTH FREE membership! Your credit card will be charged \$275 per-year.	<input type="checkbox"/> \$24.95 monthly membership Select this payment option to be billed monthly for your membership. By selecting this option, your credit card will be charged \$24.95 per-month.
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Credit Card # _____ Expiration Date _____ / _____

Name on Credit Card _____ CSC Code _____

Send this completed membership form by e-mail to info@florida-accpa.org or fax to (813) 433-5100.

Or, mail to: Florida-ACCPA · PO Box 7084 · Tampa, FL 33673