



South Florida Air Conditioning Contractors Association

MEMBERSHIP APPLICATION

South Florida Air Conditioning Contractors Association

1650 South Dixie Highway, Suite 400, Boca Raton, FL 33432
 Phone: 800/433-7171 • FAX 561/395-8557 • www.SFACA.org

1—Contact Information

Company Name: _____
 Contact Name: _____ Contact Title: _____
 Street Address: _____
 City, State, Zip: _____
 Phone: _____ FAX: _____
 Email: _____ Web Site: _____ Year Business Established: _____
 Type of License Held: _____ License # _____
 Sponsor(s) _____ Company _____

A sponsor is a current South Florida ACA Member or Associate Member who has interested you in joining the Association. It is not essential that you name a sponsor for your application to receive favorable consideration. However, if a current Member or Associate has played a role in your decision to join South Florida ACA, please give us his or her name and company. SFACA Contractor Members automatically receive membership in the Florida Refrigeration Air Conditioning Contractors Association (FRACCA).

2—Type of Membership (Select one option A through E)

A. Contractor Membership

Firms or Individuals who design, install, service, and/or repair environmental systems such as heating, air conditioning, refrigeration, humidification, air purification, and ventilation. Please check appropriate category below. SFACA contractors automatically receive membership in FRACCA!

	Annual Dues	FRACCA Dues
<input type="checkbox"/> 1-3 Field Service Personnel	\$199	INCLUDED
<input type="checkbox"/> 4-7 Field Service Personnel	\$259	INCLUDED
<input type="checkbox"/> 8-12 Field Service Personnel	\$449	INCLUDED
<input type="checkbox"/> 13-15 Field Service Personnel	\$549	INCLUDED
<input type="checkbox"/> 16+ Field Service Personnel	\$749	INCLUDED
<input type="checkbox"/> E-Membership	\$99	

Annual Dues

- B. Supplier Membership** \$749
 Firms or individuals engaged in manufacturing, wholesaling, jobbing, and/or selling HVAC/R products, equipment, fuels and/or energy.
- C. Affiliate Membership** \$449
 Firms or individuals that do not qualify as supplier members but who provide goods or services to contractors, which goods and/or services are not for resale.
- D. Manufacturer Rep** \$449
 Firms or individuals engaged in selling HVAC/R products and equipment to Suppliers.
- E. Vocational Membership** \$99
 Engineers, teachers, inspectors, and architects.

3—Payment Information

NOTE: A FULL 12-MONTH DUES PAYMENT MUST BE RECEIVED WITH THIS APPLICATION. The Association's Membership Year is January 1 through December 31. Dues payments that extend beyond the first Membership Year will be applied to the second year's dues.

- Check enclosed (payable to South Florida ACA in US\$) Visa MasterCard AMEX

Card Number: _____ Exp. Date: _____ Sec. Code* _____

Cardholder's Name (as it appears on the card): _____

Billing Address (if different from above): _____

City/State/Zip: _____

Cardholder's Signature _____

**On VISA/MC: your security code is the last 3 digits of the number printed on the back of the card.*

On AMEX: 4-digit number above the card number on the front of card.

4—Authorization

Signature of Authorized Person _____

Today's Date _____