



MEMBERSHIP APPLICATION

South Florida Air Conditioning Contractors Association

1650 South Dixie Highway, Ste. 500, Boca Raton, FL 33432

Phone: 800/433-7171 • FAX 561/395-8557 • www.sfaca.org

Providing Golden Opportunities for ALL South Florida HVACR Contractors and their Suppliers!



1. Company 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 Member or Associate Member of South Florida ACA 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.)

2. Type of Membership. (Select one option A through D)

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.

	Annual Dues	Initiation Fee
<input type="checkbox"/> 1-2 Service Trucks/Vans	\$129	\$100
<input type="checkbox"/> 3-6 Service Trucks/Vans	\$199	\$100
<input type="checkbox"/> 7-10 Service Trucks/Vans	\$299	\$100
<input type="checkbox"/> 11-15 Service Trucks/Vans	\$399	\$100
<input type="checkbox"/> 16-20 Service Trucks/Vans	\$499	\$100
<input type="checkbox"/> 21+ Service Trucks/Vans	\$599	\$100

Please check here if you would like membership in Florida's state association (FACCA) for an additional \$150

B. Supplier Membership: Firms or individuals engaged in manufacturing, wholesaling, jobbing, and/or selling HVAC products, equipment, fuels, and/or energy.

	Annual Dues	Initiation Fee
<input type="checkbox"/> Supplier Membership	\$599	\$100

C. Affiliate Membership: 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.

<input type="checkbox"/> Affiliate Membership	\$299	\$100
-----------------------------------------------------	-------	------------------

D. Manufacturer Rep: Firms or individuals engaged in selling HVAC products and equipments to Suppliers..

<input type="checkbox"/> Rep Membership	\$299	\$100
-----------------------------------------------	-------	------------------

E. Vocational Membership: Engineers, teachers, inspectors, and architects.

<input type="checkbox"/> Vocational Membership	\$99	\$100
------------------------------------------------------	------	------------------

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 Card Number: _____ Exp. Date: _____

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

Billing Address (if different from above): _____

City/State/Zip: _____

Cardholder's Signature _____

4. Authorization.

Signature of Authorized Person _____ Date: _____