



MEMBERSHIP APPLICATION

South Florida Air Conditioning Contractors Association

466 94th Avenue North, St. Petersburg, FL 33702

Phone: 727-209-0890 • FAX 727-578-9982 • www.SFACA.org • email@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 _____

Preferred Method of Contact: Email Fax Mail

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

Licensed 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"/> 1-5 Full Time Employees	\$250 . . .	INCLUDED
<input type="checkbox"/> 6-15 Full Time Employees	\$450 . . .	INCLUDED
<input type="checkbox"/> 16+ Full Time Employees	\$750 . . .	INCLUDED

Annual Dues

B. Supplier Membership \$750

Firms or individuals engaged in manufacturing, wholesaling, jobbing, and/or selling HVAC/R products, equipment, fuels and/or energy.

C. Associate Membership \$450

Vendors, Insurance Companies and related trades or professions providing non-HVAC services.

D. Affiliate Membership \$100

Government agencies and their employees, educators or educational institutions, trade and professional associations.

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) 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 — Application Authorization

Signature of Authorized Person _____

Today's Date _____