



Associate Member Application 2024

Mail or Fax to:

Indiana PHCC

9595 Whitley Drive, Suite 208, Indianapolis, IN 46240

(317) 575-9292 Fax (317) 575-9378

email: brenda@iaphcc.com website: iaphcc.com



Company Information

Company Name	
Contact Name	Title
Mailing Address	
City, State, Zip	
Phone	Fax
Email	Company Website
Type of Firm: (please check one) <input type="checkbox"/> Wholesale Distributor <input type="checkbox"/> Manufacturer <input type="checkbox"/> Manufacturer's Rep or Agent <input type="checkbox"/> Other Supplier	
Type of Product/Work: (i.e., plumbing service truck bodies, shelving & bin storage)	
Signature	

If you wish additional employees in your firm to receive electronic information please provide their names and email addresses:

Name: _____ E-Mail: _____
 Name: _____ E-Mail: _____

Annual Dues: \$250 (Jan. 1 through Dec. 31)

Payment Options

Check Enclosed
 MasterCard
 Visa
 Discover

Credit Card # _____
 V Code on Back _____
 Expiration Date: _____

Signature: _____

I understand that by providing the information on this membership application it indicates that I consent to receive faxes, e-mail, telephone, and regular mail service sent by or on behalf of PHCC–National Association, Indiana PHCC, and the applicable local chapter. We will send information that we, as your professional association, believe is important to you and your business. PHCC membership dues are not deductible as a charitable contribution for US Federal Income tax purposes, but may be deductible as a business expense.