## MPMCA 2023 Membership Application

I (we) the undersigned agent of the firm identified, hereby make application for membership in MPMCA. In making this application, I (we):

- (a) understand that membership in a local PHC or Mechanical Association is a prerequisite to membership in MPMCA, if such an association serves the applicant's market area,
- (b) agree to pay dues as established by MPMCA's Board of Directors and to adhere to the Constitution and Bylaws of the Association,
- (c) understand that the dues remittance must include both MPMCA and NAPHCC dues. (except Associate).

Firm Name		
Street/PO		
City/State/Zip		
Telephone		
FAX #		
E-mail		
Website		
Principal Officer's Name		
Signature		
Date of Application		
Average # of Field Employees		
☐ Union Shop ☐ Open Shop		
Type of Work Contracted:		
☐ Plumbing ☐ Piping ☐ Cooling		
Circle Firm's Local Association:		
Bay Area Assn MPMCI Flint PMC Greater Michigan PMC Master Plumber Association of MI (Oakland Co,) Mid-Michigan MCA		
MCA of Detroit		
Northwestern MPHCCA (Grand Traverse Co.) South Macomb Assoc. PHCC Southwestern Association		
Thumb Area Association		

Questions: Call MPMCA 517-484-5500

charge.

Upper Peninsula MCA

Western Wayne PHCC Member At Large

West Michigan MCA West Michigan PHCC

> Email info@mpmca.org www.mpmca.org



Return To: MPMCA PO Box 13100 Lansing, MI 48901 (517) 484-5500 Website www.mpmca.org

## **Dues Structure: MPMCA (State Association Dues)**

New Member (First Two Years)	\$280.00 Annually	
1 to 5 (average) Field Employees	s \$499.00 Annually	
	\$125.75 Quarterly	
6 to 15 (average) Field Employees\$588.00 Annually		
	\$147.75 Quarterly	
16 + (Average) Field Employees	\$690.00 Annually	
	\$173.50 Quarterly	
NAPHCC (National Association Dues)		
	\$555.00 Annually	
	\$141.00 Quarterly	
Add MPMCA Dues \$		
+		
<b>NAPHCC Dues</b> \$(o	ptional if MMCA member)	
Total = \$		
Remit total to: MPMCA, PO Box 13100, Lansing MI 48901		
Check Enclosed Master Card Visa		
Card #		
Expiration Date	<del> </del>	
Customer Code (last three numbers on back of care	d in signature panel)	
We need the complete billing ad	dress for the credit card :	
Street Address		
City State	Zip Code	
Any declined checks/credit card charges	s are subject to a \$35.00 service	