

MPMCA 2017 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
 Heating 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
- Upper Peninsula MCA
- West Michigan MCA
- West Michigan PHCC
- Western Wayne PHCC

Questions: Call MPMCA 517-484-5500
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)	\$255.00 Annually
1 to 5 (average) Field Employees	\$483.00 Annually \$120.75 Quarterly
6 to 15 (average) Field Employees	\$572.00 Annually \$143.00 Quarterly
16 + (Average) Field Employees	\$679.00 Annually \$169.75 Quarterly

NAPHCC (National Association Dues)

Active Member \$515.00 Annually
 \$132.00 Quarterly

Add
MPMCA Dues \$ _____
 +
NAPHCC Dues \$ _____
Total = \$ _____

Remit total to: MPMCA, PO Box 13100, Lansing MI 48901

Check Enclosed ___ Master Card ___ Visa ___

Card # _____

Expiration Date _____

Customer Code ___ ___ ___
 (last 3 # on back of card in signature panel)

We need the complete address of where the credit card is billed.

Street Address _____

City _____ State _____ Zip Code _____

Any declined checks/credit card charges are subject to a \$25.00 service charge.