



MEMBERSHIP APPLICATION

“16 for 12” / 2018-19 State Membership only \$235.00

Membership good thru December, 31 2019

I hereby make application to become a member of Air Conditioning Contractors of Ohio.



Participants in our benefits programs must be members in good standing. Dues must be paid in full in order to participate in these programs.

Please print the following information

COMPANY NAME _____

REPRESENTATIVE _____

ADDRESS _____

CITY _____ COUNTY _____ STATE/ZIP _____

PHONE (____) _____ FAX (____) _____

EMAIL _____ WEBSITE _____

Length of time in Business _____ years Number of Technicians _____

STATE ID# _____ Types of Business: (mark all that apply)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Boilers | <input type="checkbox"/> Evaporative Cooling | <input type="checkbox"/> Plumbing/Piping | Markets Served |
| <input type="checkbox"/> Controls | <input type="checkbox"/> Geothermal Systems | <input type="checkbox"/> Radiant Htg. & Clg. | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Duct Cleaning | <input type="checkbox"/> Home Performance. | <input type="checkbox"/> Refrigeration | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> HVAC | <input type="checkbox"/> Sheet Metal | <input type="checkbox"/> Service |
| <input type="checkbox"/> Energy Mgmt. | <input type="checkbox"/> Indoor Air Quality | <input type="checkbox"/> Other (list below) | <input type="checkbox"/> New Construction |

Other _____

Signature of Owner** _____ Referred by _____

(**By my signature, I agree to abide to the Bylaws of the Air Conditioning Contractors of Ohio.)

MEMBERSHIP INVESTMENT

Make check payable to:
ACCO

And remit to:
8226 Stoney Brook Dr.
Chagrin Falls, OH 44023

Dues may be deductible as business expense
Except for 5% used for legislative efforts on your
behalf.

Credit Card Payment: (Circle One)
Visa MC Discover AMEX

Card # _____ Amount \$ _____
Exp. Date _____ Zip Code _____ CVV Code _____
Print name on card _____
Address on card _____
Signature _____

For additional information call 1-800-353-ACCO (2226)