



## MEMBERSHIP APPLICATION

**2019 State Membership only \$250.00**

**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 \_\_\_\_\_

Check one:

- Education/Tech School
- Branch
- Manufacturers' Rep
- Wholesaler/Supplier
- National Manufacturer
- Other \_\_\_\_\_

Identify below the products or services that you represent:

| Product Lines | Manufacturers |
|---------------|---------------|
|               |               |
|               |               |
|               |               |
|               |               |

If additional space is needed, please use another page and include your company name also.

### 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)**