



# 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 \_\_\_\_\_

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     | <b>Markets Served</b>                     |
| <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)**