

Membership APPLICATION

The undersigned hereby makes application for MEMBERSHIP in the
West Suburban Association of Plumbing, Heating, & Cooling Contractors.

Firm Name _____

Address _____

City, State, Zip Code _____

Telephone () _____

Fax () _____

Email Address _____

Website _____

Contractor License Number _____

Expiration Date _____

Name of License Number _____

Type of Firm: Corporation () Partnership () Sole Proprietor () _____

Date Established _____

Owner-Partners-Officers of Corporation, Name and Title _____

Application Signature _____

Date _____

Send application and check for annual dues of \$50,
payable to "WSA" c/o: Jay Lyon, Executive Director
3759 N. Ravenswood, Suite 129
Chicago, IL 60613
773.529.1212



West Suburban Association
of Plumbing Contractors