



# MEMBERSHIP APPLICATION

South Florida Air Conditioning Contractors Association

7401 Wiles Road, Suite 331 Coral Springs, FL 33067

Phone: (954) 281-5106 • FAX (954) 975-7121 • www.SFACCA.com • director.sfaca@gmail.com

## 1 — Contact Information

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web Site: \_\_\_\_\_ Year Business Established: \_\_\_\_\_

Type of License Held: \_\_\_\_\_ License # \_\_\_\_\_

Sponsor(s) \_\_\_\_\_ Company \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_ Mail \_\_\_\_\_

*A sponsor is a current South Florida ACA Member or Associate Member who has interested you in joining the Association. It is not essential that you name a sponsor for your application to receive favorable consideration. However, if a current Member or Associate has played a role in your decision to join South Florida ACA, please give us his or her name and company. SFACA Contractor Members automatically receive membership in the Florida Refrigeration Air Conditioning Contractors Association (FRACCA).*

## 2 — Type of Membership (Select one option A through F)

	Annual Dues
<input type="checkbox"/> A. Contractor Membership . . . . . \$799 Licensed firms or individuals who design, install, service, and/or repair environmental systems such as heating, air conditioning, refrigeration, humidification, air purification, and ventilation. SFACA contractors automatically receive membership in FRACCA!	_____
<input type="checkbox"/> B. Supplier Membership . . . . . \$899 Firms or individuals engaged in manufacturing, wholesaling, jobbing, and/or selling HVAC/R products, equipment, fuels and/or energy.	_____
<input type="checkbox"/> C. Associate Membership . . . . . \$899 Vendors, Insurance Companies and related trades or professions providing non-HVAC services.	_____
<input type="checkbox"/> D. Affiliate Membership . . . . . \$199 Government agencies and their employees, educators or educational institutions, trade and professional associations.	_____
<input type="checkbox"/> E. Optional Contribution . . . . . \$50 YES, I would like to help SFACA advocate for fair local ordinances and policies affecting the HVAC industry.	_____
<input type="checkbox"/> F. Make Monthly Payment for Dues . . . . . +5% Government agencies and their employees, educators or educational institutions, trade and professional associations.	_____

## 3 — Payment Information

**NOTE: A FULL 12-MONTH DUES PAYMENT MUST BE RECEIVED WITH THIS APPLICATION.** The Association's Membership Year is January 1 through December 31. Dues payments that extend beyond the first Membership Year will be applied to the second year's dues.

Check enclosed (payable to South Florida ACA)     Visa     MasterCard     AMEX

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec. Code\* \_\_\_\_\_

Cardholder's Name (as it appears on the card): \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

*\*On VISA/MC: your security code is the last 3 digits of the number printed on the back of the card.  
On AMEX: 4-digit number above the card number on the front of card.*

## 4 — Application Authorization

\_\_\_\_\_  
Signature of Authorized Person Today's Date

rev. 12/5/23