



20,000 Horizon Way • Suite 260 • Mt. Laurel, NJ 08054-2253
p (800) 247-6547 • f (856) 608-0923 • info@eh-cc.org • www.eh-cc.org

A Non-Profit Educational Organization serving the HVAC community since 1990

APPLICATION FOR MEMBERSHIP

Principal's Name: _____
Firm Name: _____
Address: _____
City, State, Zip: _____
County: _____
Business Phone: _____
Fax: _____
Email: _____
Web Site: _____

Counties your firm is willing to service (**PLEASE CHECK ALL THAT APPLY**):

- | | | | | |
|-------------------------------------|-------------------------------------|------------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Statewide | <input type="checkbox"/> Cape May | <input type="checkbox"/> Hunterdon | <input type="checkbox"/> Ocean | <input type="checkbox"/> Union |
| <input type="checkbox"/> Atlantic | <input type="checkbox"/> Cumberland | <input type="checkbox"/> Mercer | <input type="checkbox"/> Passaic | <input type="checkbox"/> Warren |
| <input type="checkbox"/> Bergen | <input type="checkbox"/> Essex | <input type="checkbox"/> Middlesex | <input type="checkbox"/> Salem | |
| <input type="checkbox"/> Burlington | <input type="checkbox"/> Gloucester | <input type="checkbox"/> Monmouth | <input type="checkbox"/> Somerset | |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Hudson | <input type="checkbox"/> Morris | <input type="checkbox"/> Sussex | |

Membership Service Types (**Check ALL that Apply**):

- AC Gas Oil Air Source Heat Pump Geothermal Heat Pump

Current Certification(s) (**AT LEAST ONE IS REQUIRED, but please check ALL that apply**):

- NATE (North American Technician Excellence) – ID # for verification purposes _____
 BPI (Building Performance Institute) Candidate ID: _____
 HVAC Excellence – Please send a copy of your certification with your application
 IGSHPA – Please send a copy of your certification with your application
 NORA – Please send a copy of your certification with your application

- By checking here, you agree to abide by Eastern Heating & Cooling Council's Code of Ethics.

Payment Type:

- Check Enclosed
 Credit Card Payment:
Type of Card: Visa MasterCard American Express Discover

Card Number: _____ CVV: _____ Expiration Date: _____

Card Holder's Name: _____

If different from above, billing address associated with the card:

Signature of Cardholder: _____

Along with this application, please include the following:

- Check for Annual Dues - \$150
- Current Certificate of Insurance