



Illinois Association of Plumbing-Heating-Cooling Contractors

Inspector Application for Membership

Please print or type

Name _____

Company Name _____

Address _____

City _____ County _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Illinois Plumber's License Number _____
(If applicable)

Please answer the following questions:

Are you also a contractor? _____ (if yes, you do not qualify for this membership category)

Would you be willing to serve on a committee? _____

Are you a member of the IPIA? _____ If yes, which chapter: _____

Are you a member of the IPEA? _____ If yes, which chapter: _____

Enclosed is my check for \$40.00

Signed _____ Date _____

The Investment period is January 1 through December 31. Please send completed form and check payable to Illinois PHCC, 821 South Grand Avenue, West, Springfield, IL 62704.

QUESTIONS....1.800.795.7422