



Best People. Best Practices.™

PHCC - National Association Educational Associate Membership Application

This membership is for individuals who are instructors in a p-h-c educational training program.

Contact Name: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

School/Apprenticeship Program You Teach: _

Dues Amount: \$29.00

Method of Payment:

Check or Money Order Enclosed (payable to PHCC) Amount \$ _____

Charge my: Visa MasterCard American Express Discover

Card #: _____ Expire Date: _____ CVV: _____

Signature: _____