



Qualified Gas Contractors Renewal Application For Associate Membership

Yes, I wish to renew my associate membership of the **Qualified Gas Contractors Association**. I will live up to and support the **CODE OF ETHICS and BYLAWS** of the association .

(Pick only one chapter per application)

_____ Peninsula ___X___ South Hampton Roads _____ Suffolk

My Firm is licensed in the city of _____ State _____

Firm Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____ web site _____

Contact Person _____

Address and phone if different from above

I the undersigned acknowledge that all the information in this application is true to the best of my ability.

signed _____ print _____

Include copies of: Insurance Certificate
 Check for \$275.00 first year dues payable to the QGC.

Due No Later Than March 1st

South Hampton Roads Qualified Gas Contractors Association
P O Box 12512, Norfolk, VA 23541-0512