



# Qualified Gas Contractors Application For Associate Membership

Yes, I wish to become an associate member of the **Qualified Gas Contractors Association**. If accepted I will live up to and support the **CODE OF ETHICS and BYLAWS** of the association.

(Pick only one chapter per application)

Peninsula     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  
\_\_\_\_\_

Referred by \_\_\_\_\_

My firm has been registered in the state of Virginia for a minimum of 2 years

Yes \_\_\_\_\_ No \_\_\_\_\_

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  
                                    Last two years Business License  
                                    Check for \$240.00 first year dues payable to the QGC.

Peninsula Qualified Gas Contractors Association  
P.O Box 12 Williamsburg Va. 23187 (757) 220-4488