



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 ___X___ 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 \$275.00 first year dues payable to the QGC.

Suffolk Qualified Gas Contractors Association
C/O Dawn Reynolds 109 Chowan Dr Portsmouth, Va . 23701