



**2023 HVACR ASSOCIATION OF LOUISIANA
CONTRACTOR, EDUCATIONAL, HONORARY
MEMBERSHIP APPLICATION**

<https://www.hvacrassociationoflouisiana.com/>

Questions? Call our State Office: 225-400-8476 (Leslie Davis)

HVACR contractors apply for membership through the local chapter; we have 7 chapters across our state and the contact information for applying can be obtained by viewing our website or by calling our state office. *Members are listed on our website in their respective chapter.*

DEFINITION OF A CONTRACTOR MEMBER:

All HVACR industry personnel are eligible for membership in local chapters of this association, subject to local chapter membership requirements. All members of local chapters must abide by the Code of Ethics of the HVACR Association of Louisiana. A contractor member is one who is self-employed and actively engaged in the business of servicing, installing, and designing heat pump systems, and who can provide a copy of insurance certification indicating \$300,000 general liability insurance and workers compensation coverage.

DEFINITION OF AN EDUCATIONAL MEMBER:

Anyone primarily engaged in education of the HVACR industry.

DEFINITION OF AN HONORARY MEMBER:

Any individual that the HVACR Association of Louisiana, or any of its chapters, deem appropriately meets their requirements will receive an honorary designation and no dues will be collected or paid on behalf of that individual.

1. COMPANY NAME OR INDIVIDUAL NAME:

KEY CONTACT: _____

EMAIL ADDRESS: _____ WEBSITE: _____

LICENSE NUMBER _____ STATE LICENSE ___ YES ___ NO

MUNICIPAL LICENSE(S) LOCATION: _____ NUMBER(S): _____

ADDRESS: (P.O. BOX) _____

ADDRESS: (PHYSICAL) _____

WORK: _____ MOBILE: _____ FAX: _____

BUSINESS EMAIL ADDRESS: _____

WEBSITE: _____

2. CONSTITUTION, BY-LAWS, AND CODE OF ETHICS: (PLEASE CHECK IF YOU AGREE TO COMPLY): _____ Applicant agrees that they will abide by the By-Laws/Constitution and Code of Ethics of the HVACR Association of Louisiana and the local Chapter.

3. TYPE OF MEMBERSHIP APPLIED FOR: Contractor _____ Educational _____ Honorary _____

4. MEMBERSHIP DUES (Subject to Change/Set by Local Chapter): Payment must be attached when submitting this application

YEARLY MEMBERSHIP FEE: \$ _____

5. COPY OF CERTIFICATE OF INSURANCE REQUIRED (please attach a copy)

6. MAIL APPLICATION, DUES AND COPY OF INSURANCE TO THE LOCAL CHAPTER. **DUES AND APPLICATION MUST BE RECEIVED NO LATER THAN JANUARY 31st ANNUALLY.** *Chapters may set their membership drive dates.*

APPLICANT

DATE