



2023 HVACR ASSOCIATION OF LOUISIANA
CORPORATE / STATEWIDE
MEMBERSHIP APPLICATION
<https://www.hvacrassociationoflouisiana.com/>
Questions: Call our state office @ 225-400-8476 (Leslie Davis)
Or email: HVACRLeslieDavis@icloud.com

Corporate membership in the HVACR Association of Louisiana is considered a 'statewide' membership.

DEFINITION OF A CORPORATE / STATEWIDE MEMBER:

A corporate member is any member not actively engaged in the business of servicing, installing and designing HVACR systems as a self-employed contractor. This membership category includes manufacturers, distributors, suppliers, and other businesses that serve the HVACR industry.

As a Corporate member, you are allowed up to (6) six representatives, they can attend local chapter meetings across our state. The annual fee is \$600 for Corporate Membership. (Invoices are available upon request.)

Once your application is submitted to our state office and approved, you will receive statewide recognition as a Corporate Member, and will be listed on our website as under 'Our Members'. Note: We are also developing a new page on our website entitled 'Our Partners' and all statewide partners will be listed with their logos and website links.

Mail your application and check made out to LHPA to: P.O. Box 83182 • Baton Rouge, LA 70884-3182

APPLICATION:

1. BUSINESS INFORMATION:

COMPANY NAME: _____

KEY CONTACT: _____

ADDRESS: (MAILING) _____ CITY/STATE/ZIP _____

ADDRESS: (PHYSICAL) _____ CITY/STATE/ZIP _____

PHONE: (BUSINESS) _____ FAX: _____

EMAIL ADDRESS: _____ WEBSITE: _____

2. KEY CONTACTS IN EACH AREA:

Key Contact – Location #1: _____ Phone: _____

Address City/State/Zip Email

#2 Contact at this location: _____ Phone: _____

Address City/State/Zip Email

Key Contact – Location #2: _____ Phone: _____

Address City/State/Zip Email

#2 Contact at this location: _____ Phone: _____

Address City/State/Zip Email

Key Contact – Location #3: _____ Phone: _____

Address City/State/Zip Email

#2 Contact at this location: _____ Phone: _____

Address City/State/Zip Email

Key Contact – Location #4: _____ Phone: _____

Address City/State/Zip Email

#2 Contact at this location: _____ Phone: _____

Address City/State/Zip Email

Key Contact – Location #5: _____ Phone: _____

Address City/State/Zip Email

Key Contact – Location #6: _____ Phone: _____

Address City/State/Zip Email

#2 Contact at this location: _____ Phone: _____

Address City/State/Zip Email

APPLICANT SIGNATURE

DATE