



# 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 BY-LAWS** 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

\_\_\_\_\_

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 one year dues payable to the QGC.

DUE NO LATER THAN MARCH 1st

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