



F O U N T A I N H I L L S
L I C E N S E D C O N T R A C T O R S

FOUNTAIN HILLS ASSOCIATION OF LICENSED CONTRACTORS, Inc.

MEMBERSHIP APPLICATION FORM

P.O. BOX 18204 • FOUNTAIN HILLS, AZ 85269 • TEL: (480) 836-9780 • FAX: (480) 837-6608

Membership Year: September 1, 2009 through August 31, 2010

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Web site: _____

Primary Contact Name: _____

Phone: _____ Fax: _____ Cell: _____

Description of Business (max. 50 words, for Directory):

Membership Type: Licensed Contractor (General or Sub)
 Associate Member

AZ Lic. No.: _____ Lic. Type: _____ FH Business Lic. No.: _____

I confirm that the above licenses are in good standing at the date shown below:

Signed: _____ Date: _____

Annual Dues: \$150.00 total, which includes \$25.00 for the FHALC Scholarship fund.
Please make your check payable to: **FHALC**.