



Minnesota Heating and Cooling Association Membership Application

Contact Information

Name: _____ Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Referred By: _____

Membership Category (Check One)

- Contractor Member (\$449.00 Annual Dues)
- Associate Member (\$649.00 Annual Dues)

Method of Payment

- Check (Payable to "MHCA") Visa MC AMEX

Cardholders Name: _____

Card Number: _____

Expiration Date: _____ CVV: _____

Signature: _____

Mail/Fax/Email with Payment and Signed Code of Ethics To:

Minnesota Heating & Cooling Association
6066 Shingle Creek Parkway | Suite 167
Brooklyn Center, MN 55430
P (888) 782-6815 | F (888) 287-4116
info@mhca.info



Minnesota Heating and Cooling Association Code of Ethics

MHCA Members Will...

- ▶ Instill the highest respect for the heating, ventilating, air conditioning and refrigeration (HVACR) contracting profession within their communities.
- ▶ Maintain strict compliance with all laws, regulations and ordinances pertaining to the HVACR industry and business operations prescribed by federal, state, county and municipal governments.
- ▶ Design, install service and repair heating, ventilation, air conditioning and refrigeration systems in accordance with accepted industry standards.
- ▶ Develop and maintain an understanding of proper equipment selection to assure customers of safe, dependable and comfortable performance.
- ▶ Ensure that quality, honesty, integrity and good faith are hallmarks of contractors' business practices, including individual contractor sales, advertising, installations and service of HVACR systems.
- ▶ Increase the safety and efficiency of the HVACR contracting industry by participating in the education and training programs of MHCA.
- ▶ Develop the highest quality standards of customer service and nurture long-term relationships with customers.
- ▶ Encourage and support business development in which skilled and professional HVACR contractors are empowered to provide high-level services to consumers and end-users.

By joining the MHCA, you agree to be bound by the Association's Code of Ethics.

Signature: _____ Date: _____

Name: _____ Title: _____

Company: _____

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