

Application for Membership

The Bristol County Plumbers and Gas Inspectors Association, Inc.
www.bcpgia.com

Date _____

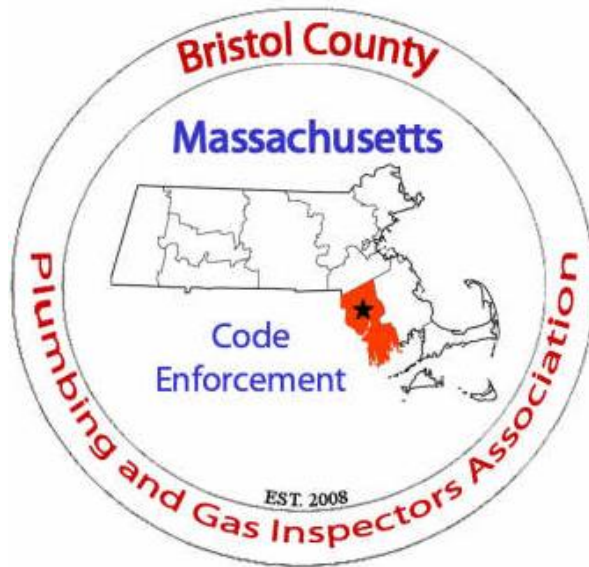
I, _____ do hereby make
application for membership in The Bristol County Plumbers and Gas Inspectors Association, Inc

Please choose an option:

- New Membership: \$50.00 per year
- Yearly Membership \$25.00

Please Choose an Option:

- I Am a Plumbing and Gas Inspector
- I Am a Gas Inspector
- I Am a Plumbing Inspector
- A Plumber/Gasfitter
- Contractor
- Other _____



Address _____

City/Town _____ Zip Code _____

Email Address _____

Phone _____

Make Check Payable to: BCPGIA

Mail check with application to:

BCPGIA
P.O. Box 333
Fall River, MA. 02722