



QSC Membership Application

Date: _____

Name: _____ PHCCID: _____

Company: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone: _____ Fax: _____

E-mail Address: _____

URL: _____

DUES INVESTMENT: \$3,798 ~~2012~~

- ① Full, Active PHCC-National Association membership is a prerequisite for QSC membership.
- ② QSC membership follows a 12-month cycle from the date joined
- ③ For each payment plan selected, QSC applicants agree to pay for a full year's membership. (No partial year memberships)

Please check which payment option you wish to use:

- A: **Full payment up front by credit card**
Please charge my credit card for the full amount (Provide credit card information below)
- B: **Full payment up front (Enclose check)**
- C: **Pay in two (2) semi-annual installments by credit card** (Provide credit card information below)
- D: **Pay in two (2) semi-annual installments by check**
Enclose first payment with application. You will be invoiced for the second installment.
- E: **Pay in four (4) quarterly payments by credit card** (Provide credit card information below)
- F: **Pay in four (4) quarterly payments by check** — Enclose first payment with application.
You will be invoiced for future installments.
- G: **I wish my dues to be divided into monthly installments and automatically charged to my credit card each month** (Provide credit card information below)

For all monthly payments there will be a 2.4% administrative fee added to monthly processing.

I, (Name, please print) _____ Authorize Quality Service Contractors/PHCC to charge payments as prescribed in the terms of this agreement to my credit card account. I agree to maintain this account open and within credit limits to permit the timely charges of my payments. I may change credit card account or method of payment by informing Quality Service Contractors in writing prior to the due date of any payment. *This notification to charge my account will remain in effect until QSC receives notification from me of termination.*

CREDIT CARD INFORMATION:

American Express Visa Master Card Name On Card _____

Card #: _____ Expiration Date: _____

Signature: _____

Who sponsored your interest in QSC? _____

Fax or Mail Your Application to:
 Fax: (703) 237-7442, Attn: QSC
 Mail: QSC, P.O. Box 6808
 Falls Church, VA 22040, USA

QUESTIONS?
 Phone: Inside the U.S. call toll-free: (800) 533-7694
 Out side the U.S. call: (703) 237-8100



QSC INVESTMENT AND MONEY BACK GUARANTEE

QSC INVESTMENT

QSC premium membership is available at the low rate of \$324.10* per month.

QSC Investment Breakdown:

Annual membership is \$3,798.00

Payment can be handled in many ways:

*Monthly: \$324.10 (includes 2.4% admin fee)

Quarterly: \$949.50

Semi-Annual: \$1,899.00

Annual: \$3,798.00

QSC “NOTHING TO LOSE” 100% GUARANTEE

When you join and attend the two Power Meetings held in your first year of membership, QSC guarantees that if, for any reason, you decide you don't like QSC, we are not what you thought we were or you feel it isn't doing your business any good...at the end of your first year **WE WILL GIVE YOU BACK YOUR FIRST YEAR DUES INVESTMENT**. Only one question will be asked, how did we fail to meet your expectations, period. All you do is package up and send back all the materials we have sent you. Upon receipt we will issue a check for your first year's dues investment, providing you are paid up to date. How much simpler could it be?

“QSC exists to provide opportunities for its members to achieve their personal goals through their businesses.”

QSC – Quality Service Contractors

180 S. Washington St., Falls Church, VA 22046

Contact Elina Gross, Membership Manager at 1-800-533-7694 Ext. 857

www.qsc-phcc.org