



# 2024 QSC COMMUNITY MEMBERSHIP APPLICATION

A PHCC Enhanced Service Group

[qsc-phcc.org](http://qsc-phcc.org)



Take Your PHCC Membership, and your business, to the next level.

### CONTACT INFO:

I'm a Contractor

I'm an Industry Partner

NAME		COMPANY	
ADDRESS			
CITY	STATE	ZIP CODE	
PHONE	FAX		
EMAIL ADDRESS		WEBSITE ADDRESS	
SOCIAL MEDIA HANDLES: FACEBOOK:		LINKEDIN:	INSTAGRAM:



We welcome your questions. 703-752-9879

### Please check your level of QSC Community involvement:

#### MEMBERSHIP OPTIONS:

Full, active PHCC-National Association membership is a prerequisite for QSC membership. All terms are one year in duration; early termination fees may be applied.

**Pro Contractor Community**  
\$4,900/12 month membership

**Premium Contractor Community**  
Includes Business Coaching  
\$11,800/12 month membership

**QSC Industry Partner Community**  
\$4,900/12 month membership



ELEVATE YOUR QSC COMMUNITY EXPERIENCE.

SUBSCRIBE TO QSC BUSINESS COACHING!

#### PAYMENT INFO:

For additional QSC offerings outside of membership, please reach out directly to Beth Dobkin, Director of Business Coaching Services – [dobkin@naphcc.org](mailto:dobkin@naphcc.org) (p) 916-835-5013 so she can work with you to find the best program to meet your business needs.

Credit Card  Visa  Mastercard  American Express

ACH

CARD NUMBER:

DEPOSITORY (BANK) NAME:

EXPIRATION DATE:

ROUTING NUMBER:

CW

ACCOUNT NUMBER:

I, (Name, please print) \_\_\_\_\_ certify that all information included in this application is accurate and complete. I further agree to uphold and maintain the principles contained in the QSC Code of Ethics. I understand that membership in PHCC is a prerequisite for QSC. I agree to make payments on the schedule I have indicated and authorize QSC/PHCC to charge payments automatically if I have provided credit card billing information. I agree to keep open any credit card accounts used for payment and to maintain sufficient credit. I understand that I may change credit card accounts or method of payment by informing Quality Service Contractors in writing prior to the due date of any payment. I understand that this agreement will renew automatically unless I give written notice of cancellation at least 30 days prior to the due date. I agree that the standard term of membership is one year and an early termination policies may apply.

SIGNATURE

DATE



Submit your application:

Email: [Jordan.Fleger@naphcc.org](mailto:Jordan.Fleger@naphcc.org)  
Online: [www.qsc-phcc.org/aboutus/benefits-services](http://www.qsc-phcc.org/aboutus/benefits-services)  
Mail: 180 S. Washington St., Suite 100, Falls Church, VA 22046

