

# Mid-Atlantic Chimney Association Membership Application

Annual Membership \$50.00

Select type of membership (see classifications page 2): [ ] Regular Member [ ] Associate Member [ ] Individual Member

**Designated Employee's Full Name** \_\_\_\_\_

**1. Business/Sole Proprietor's Name** \_\_\_\_\_

**2. Trade or "Fictitious" Name** \_\_\_\_\_

**3. Street Address (PO Box NOT accepted)** \_\_\_\_\_  
**City, State, Zip Code** \_\_\_\_\_

**4. Mailing Address** \_\_\_\_\_  
**City, State, Zip Code** \_\_\_\_\_

**5. E-mail Address** \_\_\_\_\_

**6. Web Address** \_\_\_\_\_

**7. Telephone** Home: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_

**8. Facsimile Numbers** \_\_\_\_\_

**9. Does your business have current or expired Contractors License?**

No  Yes **License Number** \_\_\_\_\_  
 A  B  C **Expiration Date** \_\_\_\_\_

**10. Type of business (select one):**

Sole Proprietorship  Limited Partnership  Limited Liability Company  
 General Partnership  Association  Corporation \_\_\_ S corp. \_\_\_ C corp.

**11. Nature of your business**

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**12. Responsible Management** (sole proprietor, partners of a general partnership, managing partner of a limited partnership, officers/directors of an association, managers/members of a limited liability company, or officers of a corporation)

Individual's Full Legal Name	Title	Address

**13. Have your business, Designated Employee, or Responsible Management been subject to a disciplinary action imposed by any local, state or national regulatory body?**

No  
 Yes (If yes please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.)

**14. A. Has your business, Designated Employee, Responsible Management ever been convicted in any jurisdiction of any felony?** *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

- No
- Yes (If yes, please provide the information requested in #14.B.)

**14. B. Please read the following instructions carefully!**

If you answered "yes" to the above question list the felony conviction. Attach your original criminal history record and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.

I, the undersigned, certify that the all statements and answers are true and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that I will notify the MACA if the business, the qualified individual(s), or any members of responsible management are subject to any disciplinary action or convicted of any charges in any jurisdiction.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**Code of Ethics**

- We accept the responsibility of cultivating, by precept and example in our own communities, the enlightened use of all fuel appliances and of developing in our clients as the general public a respect for safety in the installation, operation and maintenance of all fuel burning units.
- We encourage our members to accept the role of well-informed and articulate professionals and to admit openly when they are unsure of the proper course to follow.
- We criticize those who would disparage a competitive product or service in order to enhance their own products or services.
- We endeavor to develop a respect for precision and accuracy in the performance of our duties and to ensure to the best of our ability that all we have claimed has been done.
- We endorse the use of liability insurance to assure protection for our clients, our businesses and ourselves.
- We dedicate ourselves fully to these principles, confident in the belief that professionalism and honesty will ultimately prevail in the free marketplace.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Qualifications for each grade of membership shall be as follows:

a. REGULAR MEMBER: Shall be a chimney service, hearth retail, or H.V.A.C. company that is properly licensed to do business and is one who is approved by the Board of Directors and who complies with the CODE OF ETHICS as stated.

b. ASSOCIATE MEMBER: Shall be associated with any manufacturer, business, or consulting firm which offers products or services which are related to the field of chimney service, hearth retail, or H.V.A.C. service or shall be a person who desires to promote the goals and purpose of the chimney service, hearth retail, or H.V.A.C. profession through membership within the Association.

c. INDIVIDUAL MEMBER: An individual member is any person who wishes to promote the goals and purposes of the chimney service, hearth retail, or H.V.A.C. profession through membership in the Association and is one who is approved by the Board of Directors and who complies with the CODE OF ETHICS as stated.

Please send this form along with payment (**made payable to MACA**) to:  
Jim Bostaph, Black Goose Chimney, 728-D Blue Crab Road, Newport News, VA 23606