



Pennsylvania Guild of Professional Chimney Sweeps

Membership Application

Company Name:

Date:

(Check ONE)

Region 1

Region 2

Region 3

Region 4

Region 5

Region 6

Out of State

Owner Name:

Address 1:

Address 2:

City:

State:

Zip Code:

Contact Information:

Phone Number:

Fax Number:

Email Address:

Website:

Company Information:

Services Offered:

Credentials:

Please complete this application in full. Send a copy of this application and a check for \$150.00 (annual membership fee) to the address listed. Upon receipt of this payment, and verification of your credentials, we will process your registration.

Please Mail Application and Check To:

PA Guild of Professional Chimney Sweeps
ATTN: John Schofield
3556 37th Street Ext.
Beaver Falls, PA 15010