



MEMBER APPLICATION

Please fully complete the application information

Company Name:	Phone #:
Street Address:	Fax #:
P.O. Box:	Cell #:
City & State:	E-Mail:
Zip Code:	Website:
Primary Member:	Secondary Member:
Company Title:	Company Title:
Signature:	Signature:

Type of Membership - (Please check those that best describe you)

Contractor:

- Geothermal heat pump contractor
- Ground loop contractor
- Well contractor

Affiliate:

- Designer
- Distributor
- Manufacturers of geothermal heat pump related products
- Otherwise provide service to the geothermal industry

Utility:

- Electric and/or gas generation
- Transmission and/or distribution for sale to the consuming public

Honorary: Persons or entities described above who are no longer actively employed or conducting business in the geothermal industry

Educator:

- HVACR design/engineering
- Application
- Installation
- Service

NOTE: Contractors / Affiliate Designers (attach to application)

- Copy of professional geothermal training verification (IGSHPA, Manufacturers, University, etc)
- Copy of Proof of Insurance for general liability limits per occurrence
- Copy of Minnesota Surety Bond ID number (**contractors only**)

*** Incomplete applications will not be processed until all required information has been received.**

MNGHPA CODE OF ETHICS

1. I will be just and fair to all customers and fellow members of the MNGHPA.
2. I will be forthright in my communications and will clearly state all contract terms and warranties in writing.
3. I will strive to fulfill all promises for delivery, installations, warranties and servicing.
4. I will prepare a heat loss and gain calculation in accordance with accepted industry methods and abide by applicable codes when installing a new or an add-on system.
5. I will conduct myself in a professional manner at all times, avoiding any unjust criticism of the association or its members.
6. I will commit to continuing industry education for myself and/or employees.
7. I will strive to improve my operations and be willing to consider new technologies and methods to provide the greatest possible benefit to the customer.
8. I will place benefit to the customer before profit, having the integrity to decline a job, which will do an injustice to the customer, my profession or myself.
9. I will make every effort to promptly adjust any cause of dissatisfaction.
10. I understand my peers may require binding arbitration of any consumer complaint to maintain my membership in the Association.
11. Distributors and manufacturers will provide training, support, and will sell products only through qualified installers/contractors and will abide by manufacturers warranty policies.
12. I will abide by all local, state, and federal laws and regulations that govern my business.

I, _____, do hereby agree to follow the MNGHPA Code of Ethics as stated above.
(print name)

Signature: _____

Payment information: Check (payable to MNGHPA) Visa Master Card American Express

Card # _____ Expiration Date _____

Name on card _____ Signature _____

New member = \$350.00 Renewal = \$250.00 (renewal invoices will be mailed)

Mail completed application & payment to the following address:

MNGHPA
4248 Park Glen Rd
Minneapolis, MN 55416
Tel: 952-928-4651
Fax: 952-929-1318