



HOST® PCA® Membership Application

Name _____

Company Name _____

Phone _____ Fax _____

Email _____ Website _____

Bill To Address _____

City _____ State _____ Zip _____

Ship To Address (if different than above) _____

City _____ State _____ Zip _____

HOST Machine(s) Serial Number(s) _____

HOST Authorized Distributor Name _____

I hereby apply for the: **Subscriber Membership (\$25)** **HPCA Membership (\$35)**

I am a professional cleaner, not a HOST distributor or a HOST retail dealer. I hold myself out as a user of HOST in my community. As a HPCA member or subscriber I will use only HOST as my dry carpet cleaning system and will not promote any wet cleaning under the HOST name. I understand that membership is limited to those who meet eligibility requirements. Upon acceptance of my application, I will receive a letter of acknowledgement. Applications that do not meet requirements will be returned with payment. I understand that memberships are nontransferable. Maximum membership for Subscribers is one year. I understand that no agreement will be presented to me. I also understand that I may resign at any time for any reason, and will receive a prorated refund. No specific commitments are made by either party. Any information misrepresented in this application will be grounds for termination. I fully understand the benefits and requirements listed and meet them.

Kindly enroll me as a HOST member as checked above.

Signature _____ Date _____

PAYMENT INFORMATION

Check Enclosed (make payable to Racine Industries, Inc.)

Credit Card: Visa MasterCard

Credit Card # _____ Expiration Date ____/____/____

3-Digit Card Verification Code _____ Signature _____

Please return this application with payment to:
HOST PCA • PO Box 1648 • Racine, WI 53401-1648
or fax to (262) 637-0558.

