



Member Information

Member Name: _____ OCHI# _____

Business Name: _____ CCB# _____

Address: _____

Office Phone: _____ Home Phone: _____

Cell: _____ Pager: _____

Fax: _____ E-Mail: _____

Website Address: _____

Background specialty (electrical, Plumbing, HVAC, Etc.....) if any:

Reporting Software, If any: _____

Other Affiliations (AII, NAHI, ASHI, OREIA, ETC.....) If any:

What subjects would you like to see covered during our 1-hour credit classes?
