



SERVING BROWN, KEWAUNEE, MARINETTE
AND EASTERN OCONTO COUNTIES

BROWN COUNTY HOME BUILDERS ASSOCIATION AFFILIATE MEMBER APPLICATION

DO YOU HAVE MEMBERS ACTIVE IN THE BROWN COUNTY HOME BUILDERS ASSOCIATION AT MULTIPLE LOCATIONS? HAVE YOU THOUGHT ABOUT BECOMING AN AFFILIATE MEMBER OF THE BCHBA? AS AN AFFILIATE MEMBER OF THE BCHBA, YOU HAVE THE OPPORTUNITY TO HAVE A SEPERATE LISTING IN THE BCHBA MEMBERSHIP DIRECTORY, AS WELL AS THE WEBSITE. TAKE ADVANTAGE OF THE GREAT BENEFITS WE HAVE TO OFFER. A FULL LIST OF BENEFITS ARE AVAILABLE AT BCHBA.OR AND NAHB.ORG/MA

BENEFIT EXAMPLES:

- ADDITIONAL LISTING:** IN THE BCHBA MEMBERSHIP DIRECTORY AS WELL AS THE BCHBA WEBSITE
- GM:** \$500 DISCOUNT TOWARDS THE PURCHASE OF A NEW VEHICLE
- CELLCOM:** CELLCOM WIRELESS PRODUCTS AND SERVICE AT PREFERRED PRICING
- GREEN BAY EYE CLINIC:** \$150 OFF PER EYE FOR LASIK, PRK, OR CK PROCEDURES
- INFINITY TECHNOLOGY:** 20% DISCOUNT ON WEB SITE USING INFINITY'S ENGAGE CMS PRODUCT
- OFFICE DEPOT:** FREE DISCOUNT CARD PLUS AN ADDITIONAL 5% OFF EVERYDAY ITEMS
- POMP'S TIRE SERVICE:** 10% OFF ADVERTISED TIRE PRICES, 5% OFF REPAIR SERVICES
- WBA REBATE:** BUILDING & REMODELING COMPANIES CAN RECEIVE MONEY BASED ON THE PRODCUTS THEY USE

AFFILIATE INFORMATION:

BUSINESS NAME: _____

CONTACT PERSON: _____ POSITION/TITLE: _____

BUSINESS STREET ADDRESS: _____ CITY, STATE, ZIP: _____

BUSINESS MAILING ADDRESS: (IF DIFFERENT FROM THE STREET ADDRESS)

_____ CITY, STATE, ZIP: _____

BUSINESS PHONE: _____ BUSINESS FAX: _____

CELL: _____ E-MAIL: _____

I WOULD LIKE MY NEWSLETTER SENT VIA: EMAIL REGULAR MAIL

MY COMPANY IS AWARE THAT I AM APPLYING FOR AFFILIATE MEMBERSHIP. YES NO

I WOULD LIKE AN ADDITIONAL LISTING IN THE MEMBERSHIP DIRECTORY. YES NO

I WOULD LIKE AN ADDITIONAL LISTING ON THE BCHBA WEBSITE. YES NO

PLEASE ACCEPT MY APPLICATION AS AN AFFILIATE MEMBER:

FEE: THERE IS A \$50 ANNUAL FEE TO BECOME AN AFFILIATE MEMBER. THE BREAKDOWN IS AS FOLLOWS: \$35.00 TO BCHBA, \$10.00 TO WISCONSIN BUILDERS ASSOCIATION, AND \$5.00 TO NATIONAL ASSOCIATION OF HOME BUILDERS.

SIGNATURE OF APPLICANT: (MEMBERSHIP IS SUBJECT TO BOARD OF DIRECTORS APPROVAL)

VISA AND MASTERCARD ACCEPTED:

CARD #: _____ **EXPIRATION DATE:** _____ **SECURITY CODE:** _____

PAYMENT BY CHECK _____