



SERVING BROWN, KEWAUNEE, MARINETTE AND EASTERN OCONTO COUNTIES

# BROWN COUNTY HOME BUILDERS ASSOCIATION MEMBERSHIP APPLICATION

### APPLICANT 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: \_\_\_\_\_

IF PROVIDED, YOUR E-MAIL ADDRESS WILL SERVE AS THE MAIN METHOD FOR BCHBA COMMUNICATIONS. WE WILL NOT SHARE THIS INFORMATION WITH THIRD PARTIES OR SELL THE INFORMATION AT ANY TIME. DO YOU WANT THE BCHBA NEWSLETTER TO BE DELIVERED VIA E-MAIL (RATHER THAN SENDING A HARD COPY TO YOUR PHYSICAL ADDRESS)?

- PLEASE SEND THE NEWSLETTER VIA E-MAIL  PLEASE SEND A HARD COPY OF THE NEWSLETTER

BUSINESS WEB SITE: \_\_\_\_\_

WOULD YOU LIKE A LINK TO YOUR SITE IN OUR ONLINE DIRECTORY?  YES  NO

TYPE OF BUSINESS: \_\_\_\_\_ # OF EMPLOYEES: \_\_\_\_\_

PRODUCT/SERVICE PROVIDED: \_\_\_\_\_ BUSINESS START DATE: \_\_\_\_\_

### PLEASE ACCEPT MY APPLICATION FOR THE FOLLOWING AREA:

- ASSOCIATE MEMBER - \$460 PER YEAR  BUILDER MEMBER - \$500 PER YEAR

DWELLING CONTRACTOR CERTIFICATION (DCC) NUMBER \_\_\_\_\_

DWELLING CONTRACTOR QUALIFIER (DCQ) NUMBER \_\_\_\_\_

BY SIGNING THIS AGREEMENT, I AGREE TO ABIDE BY THE CODE OF ETHICS AND BYLAWS OF THE BCHBA TO WHICH THIS APPLICATION IS DIRECTED, OF THE NATIONAL ASSOCIATION OF HOME BUILDERS (NAHB) OF THE UNITED STATES AND OF THE WISCONSIN BUILDERS ASSOCIATION (WBA) WITH WHICH IT IS AFFILIATED. OF THE DUES REMITTED, A PORTION SHALL BE USED AS SUBSCRIPTION FOR ONE YEAR OF MEMBERSHIP IN NAHB AND WBA.

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

REFERRED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DUES TO THE BCHBA ARE NOT DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS FOR FEDERAL TAX PURPOSES. HOWEVER, A PORTION OF YOUR DUES PAYMENTS CAN BE DEDUCTIBLE AS AN "ORDINARY AND NECESSARY" BUSINESS EXPENSE.

### VISA AND MASTERCARD ACCEPTED:

CARD #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

PAYMENT BY CHECK \_\_\_\_\_

ADDRESS WHERE BILL IS SENT: \_\_\_\_\_