



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

BUSINESS PHONE: _____ BUSINESS FAX: _____

CELL PHONE: _____ EMAIL: _____

IF PROVIDED, YOUR EMAIL 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 EMAIL OR HARD COPY TO YOUR MAILING ADDRESS?

PLEASE SEND THE NEWSLETTER VIA EMAIL

PLEASE SEND A HARD COPY OF THE NEWSLETTER

BUSINESS WEBSITE: _____

WOULD YOU LIKE A LINK TO YOUR WEBSITE 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 - \$490 PER YEAR

BUILDER MEMBER - \$530 PER YEAR (FILL OUT CREDENTIAL INFO BELOW)

DWELLING CONTRACTOR CERTIFICATION (DCC) NUMBER: _____

DWELLING CONTRACTOR QUALIFIER CREDENTIAL (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 WITH NAHB AND WBA.

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

SPONSORED/REFERRED BY: _____ **DATE:** _____

DUES OF 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.

PAYMENT AMOUNT: \$ _____ PAYMENT METHOD: CHECK # _____

MAKE ALL CHECKS PAYABLE TO BROWN COUNTY HOME BUILDERS ASSOCIATION OR ENTER CREDIT CARD INFORMATION BELOW.

Credit Card Billing Information:

ADDRESS: _____ CITY, STATE, ZIP: _____

CREDIT CARD #: _____ EXP. DATE: _____ CVV: _____

NAME ON CARD: _____ SIGNATURE: _____

_____ **NEW OPTION AVAILABLE:** to enroll in auto-renewal, please initial here and we will process your payment on your renewal date annually (must include credit card information above) if you would like to opt out at any time, contact the BCHBA Office.