



# APPLICATION FOR MEMBERSHIP

Company Name \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Numbers (Office) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email Address \_\_\_\_\_

Website www. \_\_\_\_\_

Date Business Registered with the State of Wisconsin \_\_\_\_\_

Number of Years in Business \_\_\_\_\_ Type of Business \_\_\_\_\_

Would you like to add any of your employees to our informational e-mail communications? If yes, please list their names and email addresses: \_\_\_\_\_

**For Builders:**

Dwelling Contractor Qualifier (State of WI Educational Requirements) # \_\_\_\_\_

Dwelling Contractor (Financial Responsibility Certification) # \_\_\_\_\_

Do you have any other contractor registration? Type \_\_\_\_\_ Certification # \_\_\_\_\_

**NAHB MEMBER ID CODE** (see attached sheet)

Business Activities			\$Vol	Units	#of Employees	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Please provide six references (supplier, customer, subcontractor, etc.):**

	Company	Contact Person	Phone #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

**Cost of Membership: \$560/Annually to be included with this application.**

**Please include a copy of your liability insurance certificate or have your agent email it to [info@easternridgehba.org](mailto:info@easternridgehba.org).**

In making this application, I agree to abide by the Code of Ethics (included in this application) of the Eastern Ridge Home Builders Association.

This Association does not discriminate in membership on the basis of race, color, religious creed, national origin, sex, or ancestry, on the basis of age, against persons whose age is between forty and sixty-five or against qualified handicapped persons or qualified disabled veterans or veterans of the Vietnam era. No question on this application is intended to secure information to be used for such discrimination.

By signing below, I am hereby giving the Association and its subsidiaries and affiliates, including WBA and NAHB permission to transmit communications to my company and its staff using any company e-mail, telephone numbers, postal mailings, or facsimile numbers. The Association also has my permission to put contact information on the Association website and in the membership directory.

Who can we thank for inviting you to join our Association? \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Membership Requirements**

**Builder Memberships** are available to any person who is, or has been, in the business of building or rebuilding homes, apartments, schools, commercial, industrial, or other structures normally related and appurtenant to a community, or in land development, subscribes to the Code of Ethics and is of good character and business reputation.

**Associate Memberships** are available to any person engaged in a trade, industry, or profession related to housing and not inconsistent with the objectives of NAHB or any of its affiliates; and who subscribes to the Code of Ethics and is of good character.

### **Return this Application to:**

Eastern Ridge Home Builders Association  
PO Box 1181  
Fond du Lac, WI 54936-1181  
Telephone: (920) 922-9067  
e-mail: [info@easternridgehba.com](mailto:info@easternridgehba.com)

**NOTE:** Dues payments to the Eastern Ridge Home Builders Association are NOT deductible as charitable contributions for federal tax purposes. However, dues payments may be deductible as an "ordinary and necessary" business expense.