

MEMBERSHIP APPLICATION



Company Name _____

Mailing Address _____ Billing Address (if different) _____

City, State, Zip _____

Contact _____

Office Phone _____ Cell Phone _____ Co. Federal ID/ Social Security # _____

Email _____ Website _____

Instagram _____ Twitter _____ Facebook _____

Primary Type of Business _____

Number of years in business under this company _____ Number of years in this profession _____

Buckeye Valley BIA Sponsor

Sponsor Name _____ Sponsor Company Name _____

BUILDER MEMBER

Builder Member Dues are \$440.00 Annually
(Builder, Developer, Remodeler)

ASSOCIATE MEMBER

Associate Member dues are \$440.00 annually
(Supplier, Subcontractor, Service provider)

AFFILIATE MEMBER

Affiliate Member dues are \$150.00 annually
(Employee of a BIA Member and receive
Full Member Benefits)

Membership Dues (3 in 1 Membership; your Membership in the Buckeye Valley BIA also includes Membership in the

Ohio Home Builders Association (OHBA) and the National Association of Home Builders (NAHB) Builder and Associate.

Builder and Associate Members annual dues of \$440.00, plus a one-time initiation fee of \$50.00. Affiliate Member dues are \$150.00.

Once membership is approved by BIA Board of Directors, your annual dues will be due on the anniversary date of membership.

- **Note: All membership levels will receive a 5% discount if dues payment is made by cash or check**

Membership Criteria

Upon acceptance of this application by the Buckeye Valley Building Industry Association's Board of Directors, this applicant agrees to abide by the Code of Ethics and by-laws of the BIA.

Included with my signed application:

- Copy of current Worker's Compensation Certificate (if required to maintain)
- Copy of Current Liability Insurance Certificate
- Signed BIA Code of Ethics
- Certify that the applying company has been in business a minimum of one full year
- Payment of dues and/or fees based on membership type.

Payment Information

Check (payable to Buckeye Valley Building Industry Association)

Credit Card: Card # _____ Exp. Date _____ Sec. Code _____

Name on Card _____ Billing Address for Card _____

Signature for Card _____

Applicant's Signature: _____ **Date:** _____