

# 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

\$500.00 Annually  
(Builder, Developer, Remodeler)

### ASSOCIATE MEMBER

\$500.00 annually  
(Supplier, Subcontractor, Service provider)

### AFFILIATE MEMBER

\$190.00 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 \$500.00, plus a one-time initiation fee of \$50.00. Affiliate Member dues are \$190.00. Once membership is approved by the BIA Board of Directors, your annual dues will be due on the anniversary date of membership.

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