

APPLICATION FOR MEMBERSHIP



CONTACT INFORMATION

Company _____ Primary Representative _____

Address, City, ST & Zip _____ Website _____

Office Phone _____ Cell Phone _____ Email _____

ADDITIONAL EMPLOYEE INFORMATION

See information at right for pricing to include additional employees as members of HBA Fox Cities. Separate applications to be sent to - and completed by each additional rep upon submission of this application.

Additional Employee _____ Cell Phone _____ Email _____

Additional Employee _____ Cell Phone _____ Email _____

Additional Employee _____ Cell Phone _____ Email _____

Including more employees? Submit contact information to Megan Schlimm, megan.schlimm@hbafoxcities.com.

REQUIRED BUSINESS INFORMATION

Corporation Partnership LLC Sole Proprietor FEIN#: _____ Year Issued: _____

of employees (incl. yourself): _____ Years in Business: _____ Business Categories: select on page 2

WI Dwelling Contractor Credential #: _____ WI Dwelling Contractor Qualifier Credential #: _____
If applicable *If applicable*

REQUIRED BACKGROUND INFORMATION FOR PRIMARY REPRESENTATIVE

Have you ever been a member of Valley Home Builders Association / HBA Fox Cities? No Yes, _____ to _____

Are you a current member of another home builders association (HBA)? No Yes, _____

Are you a former member of an HBA? No Yes, _____

If you are/have been a member of an HBA, have you ever been:

Suspended from membership? No Yes Terminated from membership? No Yes

If so, which HBA(s)? _____

Have you owned, operated or done business under another company and/or personal name(s)? No Yes

If yes, please include name(s): _____

ACKNOWLEDGMENTS BY PRIMARY REPRESENTATIVE

I, the undersigned, hereby apply for membership in the Home Builders Association of the Fox Cities (HBAFC).

I agree to abide by the provisions of the Code of Ethics & Performance, Policies and Bylaws of the Association throughout the tenure of my membership (copies available upon request). I also agree to receive communications sent by or on behalf of HBAFC to the address, phone # and/or email listed on this application.

I understand that membership in HBAFC shall be effective upon submission of this completed application and tender of first year's membership dues and applicable fees. If, after review of application, I am found ineligible for membership, a check for the dues amount will be returned to me via US Mail to the business address on this application; the application fee will be retained.

I understand that membership is for 12 months and if I am 15 days delinquent on remittance of membership dues, I will be considered resigned as well as any additional employees (if any). In the event of resignation, suspension or termination of membership in HBAFC, I agree to immediately discontinue advertising my membership and use of the HBAFC logo in any form. I agree that in the event of voluntary or mandatory membership termination, HBAFC will not refund any proration of annual dues.

Applicant Signature: _____ Date: _____

Did somebody recommend membership to you? If so, whom? _____

2019 ANNUAL DUES

Tailor your membership to include all employees interested in receiving HBA Fox Cities communications, benefits and attendance at networking events and add them as additional representatives.

Primary Representative: \$345

Application Fee: \$30

Additional Employee: \$100
x # of reps: _____

TOTAL TO HBAFC: \$ _____

Membership dues are based on a 12-month period from the month of application.

Payment in full must accompany this application. Payments may be made via check (payable to HBA Fox Cities) and sent to the address below or via credit card by calling 920-731-7931.

HBA Fox Cities
Attn: FAO
PO Box 12237
Green Bay, WI 54307-2237

Payments to HBA Fox Cities are not deductible as charitable contributions for federal income tax purposes; however, they may be deductible under other provisions of the IRS tax code. Contact your tax professional for specific tax advice.

HBA Fox Cities does not discriminate in membership on the basis of race, gender, ethnicity, religious creed, sexual orientation, age or against qualified handicapped person or qualified disabled veterans. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply the applicant will be accepted.

Category Listing for Membership Directory

Select up to five categories below.

BUILDER ONLY CLASSIFICATIONS

Builder member applicant must hold WI Contractor Credential and at least one employee of applicant company must hold WI Contractor Qualifier Credential.

- Builder: Single Family/Custom/Spec Homes
- Builder: Office/Retail/Commercial
- Builder: Multifamily/Rental
- Builder: Condominiums
- Builder: Land Development

BUILDER & ASSOCIATE CLASSIFICATIONS

- Accounting
- Anchoring & Fasteners
- Appliances
- Appraiser
- Architect/Designer/Engineer
- Asphalt
- Awnings/Canopies/Canvas goods
- Basement Repair
- Batteries/Power Supplies
- Boilers - Repair/Replace
- Building Materials/Supply
- Cabinetry
- Carpentry - Finish
- Carpentry - Framing
- Catering
- Central Vacuum Systems
- Cleaning Services
- Closets/Storage
- Computer Consultant/Internet Service
- Concrete Contractor
- Concrete Products - Precast
- Concrete Supplier
- Countertops
- Crane/Aerial Services
- Culvert & Pipe
- Decks & Gazebos
- Doors - Exterior/Interior
- Doors - Overhead/Garage
- Educational Institution
- Electrical Contractor
- Electrical Supplier
- Elevators/Dumbwaiters
- Employee Benefits Planning
- Energy Conservation/Consulting/Testing
- Engineering/Land Surveying
- Environmental Consulting
- Excavating
- Fencing
- Financial Planning
- Financial Institution
- Fireplaces/Pellet Stoves/Wood Stoves
- Foundations/Frost Walls
- Flooring
- Furniture/Accessories
- Garages
- Generator Equipment/Rental
- Geothermal
- Glass
- Gutters & Downspouts
- Hardware
- HVAC
- Home Automation Systems
- Home Entertainment Systems
- Home Inspection
- ICF
- Insulation Contractor
- Insulation Supplier
- Insurance
- Interior Design/Decorating
- Landscape Design/Contractor/Supplier
- Landscape Supplier
- Lead Testing/Training/Abatement
- Legal Services
- Lighting
- Locksmith
- Low Income Housing
- Manufactured Homes
- Marketing
- Masonry Contractor
- Masonry Supplier
- Millwork & Moldings
- Mirrors & Shower Doors
- Non-Profit
- Outdoor Kitchen Equipment/Service
- Painting Contractor
- Painting Supplier
- Phone/Wireless Service
- Plaster/Drywall Contractor
- Plaster/Drywall Supplier
- Plumbing Contractor
- Plumbing Supplier
- Pools/Spas/Saunas
- Portable Toilets
- Pressure Washing
- Professional Organizing
- Property Management
- Radon/Mold - Testing/Mitigation
- Railings
- Real Estate Agent
- Rebates
- Recreational Courts & Resurfacing
- Remodeling Contractor
- Residential Construction Consultant
- Restaurant/Meeting Facility
- Restoration
- Retaining Walls
- Roofing Contractor
- Roofing Supplier
- Sand/Gravel/Stone Supplier
- Security Systems
- Sewer/Septic Contractor
- Sheet Metal
- Shoreline work
- Siding Contractor
- Snow removal
- Sod
- Soil Testing
- Solar Energy
- Staircases/Stair Parts
- Steel Studs/Framing
- Sun/All Season Rooms
- Surveying/Construction Staking
- Title
- Tools & Equipment
- Tree Service/Arborist
- Trusses/Truss Builder
- Underlayments
- Utilities
- Vehicle sales/leasing/service
- Wallpaper
- Waste Disposal
- Water Heaters
- Water Pumps/Softeners/Conditioners
- Waterproofing
- Well & Water Testing
- Well Drilling
- Window Treatments
- Windows/Skylights
- Wine Cellar
- Woodworking
- Other: _____

HBA Fox Cities will take this classification suggestion into consideration, however it is not guaranteed that it will be added as a category.

Questions? Contact Megan Schlimm at
megan.schlimm@hbafoxcities.com, 920-731-7931.