

## STHBRA Membership Application

\*COMPANY NAME \_\_\_\_\_ \*PHONE \_\_\_\_\_ \*FAX \_\_\_\_\_

\*COMPANY OWNER NAME \_\_\_\_\_ \*E-MAIL \_\_\_\_\_

\*CONTACT NAME \_\_\_\_\_ \*E-MAIL \_\_\_\_\_

\*BUSINESS ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

\*E-MAIL \_\_\_\_\_ \*WEBSITE \_\_\_\_\_

\*TYPE OF BUSINESS \_\_\_\_\_

\*MEMBERSHIP CLASSIFICATION:    \_\_\_ BUILDER \$557 (*Builder/Remodeler*)  
    \_\_\_ ASSOCIATE \$537 (*Sub-contractor; material/service provider*)  
    \_\_\_ AFFILIATE \$25 (*Additional contacts within a member business*)  
    \_\_\_ REMODELERS COUNCIL \$40 (*OPTIONAL*)

PAYMENT: Check \_\_\_ attached  
                  Credit Card # \_\_\_\_\_ Expiration Date \_\_\_/\_\_\_ CCV or CVV# \_\_\_\_\_ (on back of card)

**BUILDERS & REMODELERS** – Complete and sign application and Code of Ethic. A **Certificate of Liability Insurance** **MUST** accompany the application for **Builder/Remodeler** members.

**ASSOCIATE MEMBERS** – Complete and sign application and Code of Ethic.

*Three (3) Customer Names ( <b>BUILDERS ONLY</b> )	Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Three (3) Suppliers

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Minimum of 3 years' experience in building related fields: \_\_\_\_\_

\*Bank Credit Reference(s) \_\_\_\_\_

An applicant's name shall be posted in the Southern Tier Home Builders and Remodelers Association newsletter for public assessment prior to approval by the Board of Directors.

Upon acceptance into the Association, I will review and abide by the Constitution and By-Laws of the Southern Tier Home Builders and Remodelers Association, the New York State Builders Association and the National Association of Home Builders. A remittance of \$ \_\_\_\_\_, representing my annual membership dues in these affiliated Associations, accompanies this application. Sponsored by: \_\_\_\_\_

\_\_\_\_\_  
 (Application must be sponsored by a current STHBRA Member)

\_\_\_\_\_  
 (Signature of Applicant)