



MEMBERSHIP APPLICATION

Mid-Shores Home Builders Association, Inc.

P. O. Box 125 • New Holstein, WI 53061
Phone (920) 898-5030 • Fax (920) 898-5030 • hartwigs1@charter.net
www.midshoreshomebuilders.com

Date: _____

BUSINESS NAME: _____ CONTACT PERSON: _____

BUSINESS ADDRESS: _____
Street City, State, Zip Code

TELEPHONE NUMBER: _____ FAX NUMBER: _____

E-MAIL: _____ WEBSITE: _____

SPONSORING MEMBER'S NAME: _____

.....

TYPE OF BUSINESS: _____ YEARS IN BUSINESS: _____

MEMBERSHIP CLASSIFICATION (check one): BUILDER ASSOCIATE

MEMBERSHIP DUES: • Builder Member \$405.00 • Associate Member \$405.00

A current INSURANCE CERTIFICATE showing proof of liability coverage with a minimum of \$500,000 and a full year's dues must accompany your application.

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BANK REFERENCES: _____

PREVIOUS CUSTOMERS: 1. _____

2. _____

3. _____

SUPPLIER REFERENCES: 1. _____

2. _____

3. _____



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By signing this application, you are authorizing the Review Committee to contact the above References for additional information.

This application is subject to the Board of Directors' approval within 60 days of this application date. If this application is denied, a check for the application amount will be returned to the applicant.

The 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. This application will be given every consideration, but its receipt does not imply that the applicant will be accepted.

I agree to abide by the Constitution and By-laws of the local Association, to which the membership application is directed, of the National Association of Home Builders of the United States, with which it is affiliated, and of the affiliated Wisconsin Builders Association. A remittance of \$95.00 local, \$160.00 state, and \$150.00 national, totaling \$405.00 representing my annual membership dues in the affiliated Associations accompanies this application. Of the amount remitted, a portion shall be used as subscription for one year to all national, state and local newsletters.

Applicant's Signature: _____ Date: _____

ITEMS NECESSARY TO FULFILL APPLICATION REQUIREMENTS:

- This APPLICATION completed, signed & dated
- A copy of your Certificate of Insurance
- Payment by check for \$405.00

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; and who subscribes to NAHB 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.

Endorsement is required from current sponsoring member.

NOTE: Dues paid to Mid-Shores Home Builders Association, Inc. are NOT deductible as charitable contributions for federal income tax purposes. However, dues payments may be deductible as ordinary and necessary business expenses, subject to exclusion for lobbying activity. The portion of your dues that is used for lobbying by NAHB (13% or \$19.50), and WBA (14% + \$30 BIC dues or \$48.20), is not deductible for income tax purposes.