



# WHAT'S IN IT FOR YOU...

When you join Mid-Shores Home Builders Association, Inc... you will have access to an extensive list of benefits that will help you improve your business and professional reputation. You will automatically become a member of the Wisconsin Builders Association and the National Association of Home Builders. For more than fifteen years, MSHBA has been representing and serving the collective interests of residential builders and associated professionals in the Calumet and Fox Cities area. MSHBA today represents more than 75 companies, and serves as the voice of the industry.

## BUSINESS DEVELOPMENT & GROWTH

Connect with Consumers in our annual fall Parade of Homes and spring Home & Garden Expo  
Members participate in professional education and networking opportunities  
Increased brand awareness for your company through HBA print and online marketing  
Leadership and business-to-business connections at smaller member-only events

## ADVOCACY

Association members stand up for the safety, quality and affordability of housing, fighting expensive regulations  
We support the towns we live in with an active Community Service Involvement  
Receive the latest news, trends and forecasts to keep you current and profitable

## BUSINESS SAVINGS

\$500 GM Rebate and discounted savings on supplies and services by national and local businesses  
Free Legal and Building Code Hotline  
Free Business Documents scrutinized by Wisconsin legal professionals  
Builder and remodeler rebates on commonly used building materials and products  
Discounted continuing education training on the latest trends and to meet state requirements

## MEMBERSHIP IN MSHBA

Thank you for your interest in membership in Mid-Shores Home Builders Association, Inc. (MSHBA). This packet includes a Membership Application along with our 3-Pay Dues Payment Program, if desired.

To fulfill the application requirements for membership in MSHBA, you will need to forward:

- a completed Membership Application
- dues of \$420.00 and
- a current copy of your Certificate of Insurance

If you have any questions, please do not hesitate to contact MSHBA.



### MID-SHORES HOME BUILDERS ASSOCIATION, INC.

PO Box 125 | New Holstein, WI 53061

mshba@midshoreshomebuilders.com | midshoreshomebuilders.com

Tena Hartwig, Executive Officer



*You, your ideas and your help are needed to build an even stronger Association, which in turns gives you stronger representation at the city, county, state and national levels. Lend your membership to help housing grow and prosper as an industry and as a profession.*



# MEMBERSHIP APPLICATION

Mid-Shores Home Builders Association, Inc.

P. O. Box 125 • New Holstein, WI 53061

Phone (920) 898-5030 • Fax (920) 827-2132

mshba@midshoreshomebuilders.com • www.midshoreshomebuilders.com

Date: \_\_\_\_\_

## MEMBER INFORMATION

Company: \_\_\_\_\_

Owner/Contact Person(s): \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Sponsoring Member's Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Briefly describe your business (one to two sentences): \_\_\_\_\_

MEMBERSHIP CLASSIFICATION (check one):  BUILDER  ASSOCIATE

MEMBERSHIP DUES: • Builder Member \$420.00 • Associate Member \$420.00

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.

### REFERENCES:

BANK: \_\_\_\_\_

PREVIOUS CUSTOMERS: 1. \_\_\_\_\_

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

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

SUPPLIER REFERENCES: 1. \_\_\_\_\_

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

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



# MEMBERSHIP APPLICATION

Mid-Shores Home Builders Association, Inc.

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 \$78.00 local, \$160.00 state, and \$182.00 national, totaling \$420.00 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 \$420.00

## 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.

Dues payments 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 an exclusion for lobbying activity. Because a portion of your dues is used for lobbying by NAHB and WBA, 17% of the total dues, or \$70.30 is not deductible for income tax purposes. Also please note that of the \$160 you pay in dues to the WBA \$30 of that portion is a mandatory donation to the Building Industry Council, a 501(C)(4) social welfare organization that, through grassroots lobbying, keeps Wisconsin residents informed of state and local regulatory issues that affect the health of the economy in Wisconsin.



MID-SHORES HOME BUILDERS ASSOCIATION, INC.

### 3-Pay Dues Payment Program

MEMBERSHIP PROGRAM CONTRACT

This agreement is executed this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

I, \_\_\_\_\_, an official company representative for  
PRINT COMPANY CONTACT NAME

\_\_\_\_\_, is joining/renewing our membership in **Mid-Shores**  
PRINT COMPANY NAME

**Home Builders Association, Inc.** and wish to take advantage of the **MSHBA 3-Pay Program**. As such I/we agree to the following terms and conditions of the **MSHBA 3-Pay Program**. I understand that annual dues to the MSHBA (which include my dues to the National Association of Home Builders and the Wisconsin Builders Association) are \$420.00.

The full 3-in-1 membership (MSHBA, WBA and NAHB) will take effect on your final payment. There are no refunds on this program; any payments made until the third payment will be considered a donation to MSHBA in support of the industry.

- Dues Payments:** I am taking advantage of the **MSHBA 3-Pay Program** and will be paying by check or money order. My first payment of \$140.00 will accompany this agreement and is payable upon receipt; my next 2 payments of \$140.00 will be made by the last business day of the next 2 consecutive months.

I agree to the terms and conditions of the **MSHBA 3-Pay Program**.

Authorized Member Signature \_\_\_\_\_ Date \_\_\_\_\_

MSHBA EO Signature \_\_\_\_\_ Date Received \_\_\_\_\_

Date of 1<sup>st</sup> Payment \_\_\_\_\_ Date of 2<sup>nd</sup> Payment \_\_\_\_\_ Date of 3<sup>rd</sup> Payment \_\_\_\_\_

Make checks payable to: Mid-Shores HBA • Please return form to: