BUILDERS ASSOCIATION OF LAPORTE COUNTY

2626 N. SR 39
LaPorte, IN 46350
(219) 326-0624
Fax: 219-324-7495

Application for Builder/Associate Membership

(Application must be completed in full for consideration)

Date:_____

Firm:_____ Phone: _____

Mail Address:_____ Fax:_____

City:_____ State:_____ Zip:_____ Date Firm Founded:_____

Principals:_____

Representative Name:_____

Additional Names :_____

E-MAIL Addresses:_____Website:_____

Attach the remittance covering National, State and Local Dues as follows:
NAHB=$140.00 IBA=$115.00 PAC=$20.00 BALC=$165.00 For a total of $440. 00

1. Builder $440 Annual Dues

Business Focus(circle all that may apply) (Single Family Remodeling Commercial Land Developer Multi-family) Number of years in business: _____

Please circle your volunteer interests: (Membership Golf Outing Publicity Programs Education Home & Garden/ Parade of Homes Codes & Standards Charitable contributions)

All Builders must sign the Quality Assurance Builder Standards Agreement upon joining .

2. Associate $440 Annual Dues

Business Focus: (circle) (Real Estate Retail Supplier Wholesale Title Co. Banking Other)

Please circle your volunteer interests: (Membership Golf Outing Publicity Programs Education Home & Garden Parade of Homes Codes & Standards Charitable contributions)

In making this application I agree:

1. To abide by the Constitution and by-laws of this Association and all amendments thereof.
2. To observe the Code of Ethics of the Association as printed on this application; and in the event of termination of membership in this Association to immediately discontinue use of its insignia in any form.
3. The applicant hereby authorizes the Local Builders Association to conduct such investigation of the applicant's activities and the information contained herein, as supplied by the applicant, in determining the applicant's financial ability, technical competence and history of fair customer service.
4. The applicant also authorizes the BALC to seek comments regarding this application from their general membership.
5. Applicant agrees to supply a copy of certificate of insurance.

X _____ X_____

Applicant signature Print name sponsor

Additional Membership Information

Has the applicant ever been a member of the home builders Association: ____Yes ____ No

If Yes, list Association: _____

Business References:

Name:_____ **Address:** _____ **Phone :** _____

Name:_____ **Address:** _____ **Phone :** _____