



APPLICATION FOR MEMBERSHIP

Somerset County Builders Association

Date _____ Contractor Registration # (if applicable) _____

From _____ Title _____

Company _____ Phone (____) _____

Type of Business _____ E-mail Address _____

Business Address _____

No. of Continuous Years Experience _____ Membership Class _____ Builder
in Our Company's Field of Work _____ Associate

REFERENCES: All blanks must be completed

BANK REFERENCE _____

Address _____

Phone (____) _____ Contact Person _____

SUPPLIER (TRADE) REFERENCES:

1. _____

Address _____

Phone (____) _____ Contact Person _____

2. _____

Address _____

Phone (____) _____ Contact Person _____

CUSTOMER (PERSONAL) REFERENCES:

1. _____ Phone (____) _____

Address _____

2. _____ Phone (____) _____

Address _____

I agree to abide by the constitution and by-laws of the Somerset County Builders Association and of the Pennsylvania Builders Association and the National Association of Home Builders of the United States, with which it is affiliated.

A remittance of \$ 452.00 representing my annual membership dues in the Somerset County Builders Association and the affiliated associations accompanies this Application. Of the amount remitted for annual dues, \$10.00 is for a subscription for one year to *Builder* magazine and \$10.00 for a one year subscription to *NAHB News*.

Name of Sponsor _____

Signature of Applicant

Signature of Sponsor

Return this Application to: Somerset County Builders Association, P.O. Box 221, Berlin, PA 15530

NOTE: A certificate of insurance verifying workers' compensation insurance (if required of your company by the laws of the Commonwealth of Pennsylvania) and third party liability insurance must accompany this application.