

# Contact Information:

**Northland Area Builders Association**

## P.O. Box 13145

## Hayward WI 54843

[n](mailto:naba@centurytel.net)orthlandareabuilders@gmail.com [www.northlandareabuilders.com](http://www.northlandareabuilders.com/)

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| --- | --- | --- |
| Business Name: |  | |
| Contact Person: |  | |
| Mailing Address: |  | |
| City: | State: | Zip Code: |
| Phone: | Fax: | Cell: |
| Email: | Web site: | |

### Business Information:

#### Number of years in business: Number of employees including yourself: Description of business: Annual Dollar Volume $ Dwelling Contractor Qualifier #: Building Contractor Registration #: Other Certifications:

**Insurance Information:**

**Business References:** Any place where you have an account - bank, supplier, clients, etc.

#### 1. Contact: fax 2. Contact: fax 3. Contact: fax

All members are required to have insurance coverage of not less than $250,000 Liability, $300,000 Auto Insurance and Worker’s Compensation for membership approval and should submit a Certificate of Insurance with your application or have your insurance agent email a copy directly to Northland Area Builders Association.

Insurance Agency:

**BUILDER MEMBER**

My company is a general contractor, developer, and/or manufacturer of modular, panelized or log homes specializing in (check all that apply):

* Single-family builder
* Multi-family builder
* Remodeler - residential
* Remodeler - commercial
* Commercial builderManufacturer of modular/panelized/log home

### ASSOCIATE MEMBER

My company is either a specialty contractor or supplies goods or services to the construction industry. I am a (check all that apply):

* Subcontractor:

(type)

* Retail dealer or distributor
* Wholesale dealer or distributor
* Other:

### AFFILIATE MEMBER

My company is a current Builder or Association member of NABA.

Member Name: Member ID #:

* Post frame construction

Membership

Application

* Land developer
* Specialty trade contractor:

\_\_\_\_\_\_\_\_\_(type)

#### **Business Categories:** Please check the categories which apply to your business.

* + Air to air exchangers
  + Appliances
  + Appraisal services
  + Building Material
  + Building Performance
  + Cabinetry/Countertops
  + Community Partner Program
  + Cleaning Services
  + Closet Shelving
  + Concrete/masonry
  + Construction Equip.
  + Crane Services
  + Disposal/waste/debris
  + Drafting/architectural
  + Drywall Contractor
  + Economic Development
  + Education
  + Electrical Contractor
  + Engineer/Survey
* Fencing & Decking
* Financial/mortgages
* Fireplace/accessories
* Fire Sprinkler Systems
* Floor coverings
* Foundation services
* Framing & finishing
* Garage doors/openers
* Garden centers
* General contractor
* Glass Products/services
* Gutters & downspouts
* Heating & A/C Contractor
* Home Automation & Entertainment
* Home Builder
* Home furnishings & accessories
* In-floor heat/radiant
* Insulation contractor
* Insurance agencies
* Interior designer
* Irrigation systems
* Land development
* Landscape contractor & supplies
* Lighting fixtures
* Lumber & Millwork
* Marketing/advertising services
* Mold prevention
* Nurseries
* Organizational products & services
* Painting contractor & supplies
* Paving/aggregate supplies
* Plumbing contractor
* Printing services/signs
* Propane
* Real estate services
* Remodeling Contractor
* Roofing contractor
* Sanitation
* Security systems
* Septic/sewer installation
* Siding contractor & supplies
* Sod/sodding services
* Spas/whirlpool supplies
* Stone/brick labor & supplies
* Storage
* Telecommunications
* Tree service
* Utilities & fuel
* Water conditioning
* Waterproofing contractor
* Web design services
* Window & door supplier
* Other:

# Agreement:

I understand that by signing this form that you are authorizing the Review Committee to contact the references listed for additional information, verify credentials and conduct a background search. This form is subject to the approval of the NABA Board of Directors within 60 days. I understand that payment accompanying this enrollment form will be deposited upon receipt of NABA and will be refunded in full not approved. I agree to abide by the bylaws and code of ethics of the Association.

By providing my mailing address, email address, telephone and fax numbers on behalf of the company, I am authorized and hereby consent to receive communication sent to me by or on behalf of NABA, WBA, NAHB via regular mail, email, telephone, and/or fax. I understand that the aforementioned Association may share my information with others within the guidelines currently followed by the Association and this information may be included on their web site and directories.

**IMPORTANT:** Enrollment fees paid to NABA are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. A portion of dues, however, is not deductible as an ordinary and necessary business expense to the extent that the WBA and/or NAHB engages in state or federal lobbying. The non-deductible portion of the membership dues for 2018 is $63.00 ($20.00 national and $43.00 state), which is not to be deducted from your remittance.

#### Signature:

Date:

**3 in 1 Membership: NABA $133 + WBA $160 + NAHB $198 = $491**

**You may choose to make payments of $245.50 for 2 consecutive months.**

**Method of Payment:** Payment due at time enrollment form is received - THANK YOU!

* **$491 BUILDER MEMBERSHIP** Check made payable to Northland Area Builders Association (includes membership dues for NABA, WBA & NAHB)
* **$491 ASSOCIATE MEMBERSHIP** Check made payable to Northland Area Builders Association (includes membership dues for NABA, WBA & NAHB)
* **$225 AFFILIATE MEMBERSHIP** Check made payable to Northland Area Builders Association (includes membership dues for NABA, WBA & NAHB)
* **$503.75 BUILDER or ASSOCIATE MEMBERSHIP** Credit

Card (PayPal invoice will be sent electronically to email address listed on membership application)

* **$231.00 AFFILIATE MEMBERSHIP** Credit Card (PayPal invoice will be sent electronically to email address listed on membership application)