

Membership Application 2025



Northland Area Builders Association

PO Box 13145

Hayward, WI 54843

Jodi Longtine, Executive Officer 715-558-2097

northlandareabuilders@gmail.com

www.northlandareabuilders.com

Contact Information:

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

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: _____

Business References:

Any place where you have an account – bank, supplies, clients, etc.

1. _____
 Contact: _____ Fax: _____
 2. _____
 Contact: _____ Fax: _____
 3. _____
 Contact: _____ Fax: _____

Insurance Information:

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 builder
- Post frame construction
- Land developer
- Manufacturer 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)
- Specialty trade contractor: _____ (type)
- Retail dealer or distributor _____ (type)
- Wholesale dealer or distributor
- Other: _____

AFFILIATE MEMBER

I am an employee of a current Builder or Associate member of NABA

Builder/Associate: _____

Member ID # _____

REFERRED BY:

 Name

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

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

Agreement:

I understand that by signing this form that I am 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 if 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 number 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 engage in state or federal lobbying. The non-deductible portion of the Builder and Associate membership dues for 2024 is \$106.50.

Signature: _____ Date: _____

3 in 1 Membership: NABA \$127 + WBA \$190 + NAHB \$198 = \$515

Method of Payment: Payment due at time Registration form is received – THANK YOU!

- | | |
|--|---|
| <input type="checkbox"/> \$515 BUILDER MEMBERSHIP Check made payable to Northland Area Builders Association(includes membership dues for NABA, WBA and NAHB) | <input type="checkbox"/> \$225 AFFILIATE MEMBERSHIP Check made payable to Northland Area Builders Association (includes membership dues for NABA, WBA, NAHB) |
| <input type="checkbox"/> \$515 ASSOCIATE MEMBERSHIP Check made payable to Northland Area Builders Association (includes membership dues for NABA, WBA and NAHB) | <input type="checkbox"/> \$530.91 BUILDER or ASSOCIATION MEMBERSHIP Credit Card (PayPal invoice will be sent electronically to email address listed on membership application) |
| | <input type="checkbox"/> \$231.85 AFFILIATE MEMBERSHIP Credit card (PayPal invoice will be sent electronically to email address listed on membership application) |