



APPLICATION FOR ASSOCIATE MEMBERSHIP

COMPANY NAME _____

CONTACT PERSON _____

TITLE _____

MAILING ADDRESS _____

Zip Code _____

STREET ADDRESS (If different from above) _____

Phone # _____ FAX # _____

E-Mail Address _____

Web Site _____

TYPE OF BUSINESS: (Check *ONE* category only)

- | | |
|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Sub Contractors/Special Trades |
| <input type="checkbox"/> Architecture | ___ Carpentry |
| <input type="checkbox"/> Building Materials & Supplies | ___ Electrical |
| <input type="checkbox"/> Computer Products & Services | ___ Masonry, Stone, Tile |
| <input type="checkbox"/> Commercial Banking/Thrift Institution | ___ Landscaping |
| <input type="checkbox"/> Engineering | ___ Concrete Work |
| <input type="checkbox"/> Insurance or Title Company | ___ Excavation |
| <input type="checkbox"/> Legal Services | ___ Painting |
| <input type="checkbox"/> Mortgage Banking | ___ Plumbing, Heating, A/C |
| <input type="checkbox"/> Marketing, Advertising, Public Relations | ___ Roofing, Siding, Sheet Metal |
| <input type="checkbox"/> Planner or Designer | ___ Other _____ |
| <input type="checkbox"/> Property Management | _____ |
| <input type="checkbox"/> Real Estate | |
| <input type="checkbox"/> Retail Dealer/Distributor | |
| <input type="checkbox"/> Utilities | |
| <input type="checkbox"/> Wholesale Dealer/Distributor | |
| <input type="checkbox"/> Other _____ | |

PRODUCT LINES (If Applicable) _____

COUNTIES IN WHICH YOU DO BUSINESS: (Circle as many as applicable)

Dutchess

Orange

Ulster

Sullivan

Putnam

Westchester

YEARS IN BUSINESS _____ NUMBER OF EMPLOYEES _____

REFERENCES

BANK/CREDIT: _____

IN MAKING THIS APPLICATION, I agree to abide by the Code of Ethics and the Constitution and By-Laws and all amendments thereof, of the National Association of Home Builders, the New York State Builders Association and the Builders Association of the Hudson Valley, Inc. In the event of termination of membership in this Association, I agree to immediately discontinue the use of its insignia in any form.

I am authorized to and hereby consent for the company/corporation/organization to receive mail, faxes and emails sent by or on behalf of The Builders Association of the Hudson Valley, Inc. and its affiliates HV BuildPAC and the BAHV Scholarship Endowment; the New York State Builders Association and its affiliates NYSBA Research & Education Foundation, NYSBA Legal Defense Fund and NY BuildPAC; and the National Association of Home Builders and its affiliates.

A remittance of \$ _____ representing my annual membership dues in the above associations accompanies this application. Make check payable to the Builders Association of the Hudson Valley, Inc. (*Contributions or gifts to the B.A.H.V. are not deductible as charitable contributions for federal income tax purposes. However, dues payments are deductible by members as an ordinary and necessary business expense.*)

Date

Signature of Applicant

Sponsored By _____

Please return this application with your check to: BUILDERS ASSOCIATION OF THE HUDSON VALLEY, INC.
1161 Little Britain Road
New Windsor, New York 12553
Tel: (845) 567-6600
Fax: (845) 567-1166
email: info @hvbuilder.com
web: www.hvbuilder.com