



Membership Application

350 West Washington Street, Suite 3, Sequim, WA 98382

Phone: 360-452-8160; Fax: 360-452-8197

Website: www.npba.info E-mail: info@npba.info

Company Name: _____ Contact Name: _____

Please Print Name

Business Title: _____ License No. _____ Sponsored by: _____

Phone: _____ *Fax: _____ E-Mail: _____ Website: _____

Business Address: _____
(Street or PO Box) City State Zip

Were you or are you still a member with another Local? ___Yes ___No If yes, which Local _____
How did you hear about this Association: _____

Business Information

A. Are you a: Family Builder Custom or Spec , Multifamily , Remodeler/Residential or Commercial , Commercial Builder Own Account or General , Land Developer or Modular/Panelized/Log Home Other: _____
Annual Const/Develop Volume: \$_____ Annual # residential buildings built: _____

B. Are you a Subcontractor or Specialty Trade Contractor? List (3) primary: 1. _____
2. _____ 3. _____

C. Are you Retail or Wholesale Dealer/Distributor? List (3) primary: 1. _____
2. _____ 3. _____

D. Total Paid Employees: _____

The following references must be completed in order to process application:

Bank/Credit References with name & phone number, list at least (3): 1. _____
2. _____ 3. _____

Personal References with name and phone number, list at least (3): 1. _____
2. _____ 3. _____

I agree to abide by the Constitution, By-Laws, and the Code of Ethics (see reverse) of the Local Association to which this membership application is directed, including the National Association of Home Builders of the United States and to the Building Industry Association of Washington with which it is affiliated.

A remittance of \$430.00 representing my first year membership dues in the Association accompanies this application.

Dues payments to your local builders' association are NOT deductible as charitable contributions for federal tax purposes. However, dues payments may be deductible by members as an ordinary and necessary business expense.

Dues payments can be made by cash, check, or credit card. Credit card payment information:

Discover , VISA , or MasterCard Account # _____, Exp Date _____
3 digit "V" number from back of card _____ Amount \$ _____ Please be sure address above is billing address.

Signature of Applicant: _____ Date: _____

*I understand that by providing the fax number(s) above, on behalf of the company/organization specified above, I am authorized to and hereby consent for the company/organization to receive faxes sent by or on behalf of North Peninsula Building Association, NPBA Future Builders, Building Industry Association of Washington (BIAW), or the National Association of Home Builders (NAHB).

Return Application and payment to: North Peninsula Building Association 350 W. Washington St. Ste 3, Sequim, WA 98382

Do Business With a Member