

For Office Use Only:

Wolf River Builders Association

P.O. Box 595, Shawano, WI 54166

Phone: 715-853-2310 • Email: wolfriverbuilders@gmail.com

Application for Affiliate Membership

To be approved for affiliate mer current Builder Member or Asso			
Applicant's Name: Title:			
Business Name:			
Business Address:	City	′:	Zip:
Phone - Business:	Mobile:	Fax	K:
Email:	Website:		
I agree to abide by the bylaws a this membership application is (NAHB) with which it is affiliate meet the qualifications (as state	directed, of the National Associated, and of the Wisconsin Build	ciation of Home Builder ers Association (WBA).	rs of the United States
A check for \$100.00 must accommeetings. My check will be refube an affiliate member, my com	nded if membership is denied	for any reason. I under	_
Signature of Applicant			
Sponsored by	(Business Primary Member)		
Dues payments to the WRBA are purposes. However, dues paym subject to exclusion for lobbying	ents may be deductible as ordi		
<u>Code of Ethics</u> – The purpose of this Association	ı to the extent permitted by law sh	ıall be:	
*To associate the builders within its jurisdiction for the purpose of mutual advantage and cooperation		cooperation.	
*To collaborate with all fields related to the building industry within the Association's jurisdiction for th benefit of the industry as a whole.			isdiction for the
*To assist in the accomplishment of the mutual objectives of the National Association of Home Build Wisconsin Builders Association.			ome Builders and
*To operate without profit and no part of the income of the Association shall ensure to the benefit of any individual member.			e benefit of any
	hics as adopted by the Builders As ontractors, suppliers, customers a		rly with respective

Received Application _____ Ck # ____ Ck Date ____ Presented to BOD _____ Approved Yes/No