



Wolf River Builders Association

P.O. Box 595, Shawano, WI 54166

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

Application for Membership

Business Name _____ Today's Date _____
 Business Address _____ City _____ Zip _____
 Phone-Business _____ Home _____ Mobile _____
 Fax _____ Email _____ Website _____

Representative Applying for Membership _____ Title _____

(This person will be the official member of record with WRBA, the National Association of Home Builders and the Wisconsin Builders Association. Affiliate membership is available for a second representative at a reduced fee. An affiliate membership application is required and available upon request.)

Membership is available for businesses that have been in business for one full year, and who shall agree to abide by the Bylaws of the Association and subscribe to the Code of Ethics.

Builder Member – Any person, partnership, firm or corporation that derives a major portion of their income from the proceeds of building or remodeling housing units, or a combination of housing units and/or apartment, commercial and industrial buildings, or a developer.

Associate Member – Any person, partnership, firm or corporation that provides service and/or products related to the building industry.

Dwelling Contractor Number: _____ Date Business Began _____
 Dwelling Contractor Qualifier Number: _____ Individual _____ Partnership _____ Corporation _____
 Contractor License Number: _____ Type of Business _____

Bank Reference:

Bank Name _____
 Bank Address _____
 Phone _____

Business Reference:

Business Name _____
 Business Address _____
 Phone _____

I agree to abide by the Bylaws of the Wolf River Builders Association (WRBA) to which this membership application is directed, of the National Association of Home Builders of the United States (NAHB) with which it is affiliated, and of the Wisconsin Builders Association (WBA). I hereby authorize WRBA to obtain my credit history if they so require. I hereby agree that I meet the qualifications listed above for the Builder or Associate member.

Signature of Applicant _____

Sponsored by _____ (Current member in good standing)

A check for \$450.00 must accompany this application along with a **current insurance certificate**. Applicants must complete information as required on the reverse side. Dues include dinner at regular general membership meetings, generally held on the second Tuesday of each month. Your check will be refunded if membership is denied for any reason.

Note: Dues payments to the WRBA are not deductible as a charitable contribution for federal income tax purposes. However, dues payments may be deductible as an ordinary and necessary business expense, subject to exclusion for lobbying activity.

-REVERSE SIDE MUST BE COMPLETED-

For Office Use Only:

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

NAHB Member Information Coding (required)

Builder Member Classification

Circle up to three business activities from the list below.

Enter code for your Primary Activity here: _____

- A Single Family Spec/Tract Building
- B1 Single Family General Contracting
- B2 Single Family Custom Building
- C Multifamily Building (Condo/Coop Units)
- D Multifamily Bldg/Ownership (Rental Units)
- E Multifamily General Contracting
- F Remodeling – Residential
- G Remodeling – Commercial
- H Commercial Building (own Account)
- I Commercial General Contracting
- J Land Development
- K Manufacturing of Modular/Panelized/Log

Associate Member Classification

Select the code for your Primary Business Activity

And enter that code here: _____

- L Accounting
- M1 Architecture
- M2 Engineering
- M3 Planner or Designer
- N Legal Services
- O Computer Products and Services
- P1 Commercial Banking/Thrift Institution
- P2 Mortgage Banking
- Q Insurance or Title Company
- R Marketing, Advertising or Public Relations
- S Building Material Manufacturing
- T Property Management
- U Real Estate
- Y Utilities
- Z Other by selecting from below:

Wholesale Dealers/Distributors

- X1 Appliance
- X2 Building Materials/Lumber
- X3 Floor Coverings
- X4 Paint/Wall Coverings
- X5 Other Wholesale Dealership (*specify*) _____

Subcontractors and Specialty Trade Contractors

- W1 Carpentry
- W2 Electrical
- W3 Masonry, Stone, Tile, Plastering
- W4 Landscaping
- W5 Plumbing, Heating, Air Conditioning
- W6 Roofing, Siding, Sheet Metal
- W7 Painting, Paper Hanging
- W8 Floor Laying, Other Floor Work
- W9 Concrete Work
- WA Excavation Work
- WC Appliances
- WD Security Systems
- WZ Other Subcontractors (*specify*) _____

Retail Dealers/Distributors

- V1 Appliances
- V2 Building Materials/Lumber
- V3 Floor Coverings
- V4 Paint/Wall Coverings
- V5 Other Retail Dealerships (*Specify*) _____

Dollar Volume per year

Circle code for approximate annual dollar volume for all construction/development and enter here: _____

- 0 Under \$500,000
- 1 \$500,000 – \$999,999
- 2 \$1 million - \$4,999,999
- 3 \$5 million - \$9,999,999
- 4 \$10 million or more
- 5 No Construction Activity

Number of Units per year

Circle the code for annual number of dwelling units.

- 1 0 Units
- 2 1 to 10 Units
- 3 11 to 25 Units
- 4 26 to 100 Units
- 5 101 to 500 Units
- 6 Over 500 Units

Number of Employees in local firm: _____

Title:

Circle the code that best describes your title.

- 1 President/CEO
- 2 VP/General Manager
- 3 Construction Superintendent
- 4 Sales & Marketing Director/Manager
- 5 Architect, Designer or Engineer
- 6 Financial Manager/Director
- 7 Owner, Principal, Partner
- 8 Other (*specify*) _____

Committees of Interest to me

Circle all that apply.

- 1 Activities/Special Events
- 2 Advertising
- 3 Community Service/Scholarship
- 4 Education
- 5 Finance
- 6 Government Affairs
- 7 Home Show
- 8 Membership
- 9 Public Relations

