



# Membership Application

Sheboygan County Home Builders Association

## General Information (Fields with a \* are REQUIRED for your membership to be processed)

\*Company: \_\_\_\_\_  
 Check one:  Sole Proprietor  Partnership  Corporation  LLC  SC  
 \*Contact: \_\_\_\_\_  
 \*Title: \_\_\_\_\_ Year Business Began: \_\_\_\_\_  
 \*Co. Address: \_\_\_\_\_  
 \*City/State/Zip: \_\_\_\_\_  
 \*Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Web Address: \_\_\_\_\_  
 State License # or State Certification #: \_\_\_\_\_ Expiration \_\_\_\_\_  
 \*Member Category: (must choose from list on back side) \_\_\_\_\_  
 Number of Employees: \_\_\_\_\_  
 Who recommended you for membership (Spike Sponsor)? \_\_\_\_\_  
 Spike Sponsor Company: \_\_\_\_\_  
 \*Municipality where you reside: \_\_\_\_\_

## Membership Dues Please check appropriate category

•Builder Member \$485.00 •Associate Member \$485.00 •Affiliate Member \$190.00  
*(Affiliate membership available after 1st company member)*  
 Membership Dues..... \$ \_\_\_\_\_  
 Annual link from our web site to your web site (\$25.00)..... \$ \_\_\_\_\_  
 Annual Enhanced Directory Listing on SCHBA (\$100.00)..... \$ \_\_\_\_\_  
**TOTAL REMITTANCE..... \$ \_\_\_\_\_**

A current INSURANCE CERTIFICATE showing proof of liability coverage with a minimum of \$500,000 and a full year's dues must accompany your application. SCHBA dues are NOT tax deductible as charitable contributions for federal income tax purposes but may be deductible as a business expense. An estimated 8% of your SCHBA dues will be allocated to lobbying and political activities and are NOT deductible as a business expense. Annual dues include membership in SCHBA, NAHB and WBA. Web link and Enhanced Listing fees are optional.

## Method of Payment

Check (enclosed)  Mastercard  VISA  AMEX  
 Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Security Code (located on signature panel on back—AMEX located on front) \_\_\_\_ \_\_\_\_ \_\_\_\_  
 Name on Card (Please Print) \_\_\_\_\_

## Membership Agreement

I understand that by providing my mailing address, e-mail address, phone number and fax number, I consent to receive communications via regular mail, e-mail, phone and/or fax by or on behalf of the Sheboygan County Home Builders Association (SCHBA) (WBA & NAHB)

I agree that the SCHBA **MAY** or **MAY NOT** (Circle one response) publish my mailing address, e-mail address, phone number and fax number in the SCHBA Membership Directory and Online Directory.

Please choose preferred method of communication: \_\_\_\_\_ e-mail \_\_\_\_\_ fax

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: **Sheboygan County HBA • 435 E. Mill Street • Plymouth, WI 53073**  
**Phone (920) 892-6280 • Fax (920)893-9405 • admin@schba.org • www.schba.org**





# \*SCHBA Member Application Reference Information

Company Name: \_\_\_\_\_

Bank Reference: \_\_\_\_\_

Supplier References (Please List Three)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Applicants Home, City, State, Zip \_\_\_\_\_

Has applicant, owner or major shareholder declared bankruptcy within the past seven years? \_\_\_\_ Yes \_\_\_\_ No

If yes, under which name: \_\_\_\_\_

Are there industry-related judgments, claims, settlements, or lawsuits involving you or any company with which you have ownership? \_\_\_\_ Yes \_\_\_\_ No (additional paper may be used if yes)

If yes, please explain: \_\_\_\_\_

Have you or any businesses you own or control, ever applied for and been denied membership in any Home Builders Association? Have you, or any business you own or control ever had your membership in any Home Builders Association cancelled, suspended, revoked, or non-renewed for any reason? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain (additional paper may be used if yes) \_\_\_\_\_

Failure of an applicant to fully disclose any information requested in this application may be consider misrepresentation and may therefore be cause for rejecting an application for membership or revoking said membership in the material misrepresentation is discovered after the application is accepted and membership granted.

I authorize the investigation of any and all statements contained in this application. I also authorize, whether listed or not, any person or entity to provide information and opinions that may be determined by the SCHBA to be relevant and useful in making a decision regarding my application for membership. I release the SCHBA and such person and entities from any legal liability related to, or deriving in any manner from, their making inquiries, statements or decisions regarding my membership application. I understand that the SCHBA may decide to request an investigative consumer report from a consumer reporting agency regarding me and/or my company as part of additional acknowledgement form at that time. I understand that failure to comply with said request would preclude the SCHBA from completing its review of my application and result in denial of my membership application.

In completing this application, I agree to abide by the by-laws and code of ethics, of the Sheboygan County Home Builders Association, Wisconsin Builders Association and National Association of Home Builders, copy available on request. **My signature below also indicates that I have received and reviewed the SCHBA code of ethics.**

This application is subject to the approval of the Membership Services Committee and the Board of Directors within 60 days of this application date. If this application is denied, a check for the application amount will be returned to the applicant or the credit card will not be charged.

This association does not discriminate in membership on the basis of race, color, religious creed, national origin, sex, or ancestry, on the basis of age, against persons or veterans. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the application will be accepted.

**Please complete the THREE pages of this application to avoid any delays in processing.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only: Reviewed by Membership Services Committee: \_\_\_\_\_

Rev. 3.11 Reviewed & Approved by SCHBA Board of Directors: \_\_\_\_\_



## SCHBA Code of Ethics

*SCHBA Code of Ethics can also be found in the membership directory and on the association web site. Please keep for your reference.*

Section 1. Ethics. The members of the Association shall be limited to those individuals who shall subscribe to the following Code of Ethics:

- (A) Members of the Home Builders Association believe and affirm that:
  - (1) Home ownership can and should be within reach of every American family.
  - (2) American homes should be well-designed, well-constructed, and well located in attractive communities, with education, recreational, religious and shopping facilities accessible to all.
  - (3) American Homes should be built under the free enterprise system
  
- (B) To achieve these goals, we pledge allegiance to the following principles and policies:
  - (1) Our paramount responsibility is to our customer, our community and our country.
  - (2) Honesty is our guiding business policy.
  - (3) High standards of health, safety and sanitation shall be built into every home.
  - (4) Members shall deal fairly with their respective employees, subcontractors and suppliers.
  - (5) As members of a progressive industry, we encourage research to develop new materials, new building techniques, new building equipment and improved methods of home financing, to the end that every home purchaser may get the greatest value possible for every dollar.
  - (6) All sound legislative proposals affecting our industry and the people we serve shall have our informed and vigorous support.
  - (7) We hold inviolate the free enterprise system and the American way of life. We pledge our support to our associates, our local, state and national associations and all related industries concerned with the preservation of legitimate rights and freedoms.

Members assume the responsibilities of this Code of Ethics freely and solemnly and are mindful that these responsibilities are a part of their obligation as members of the Sheboygan County Home Builders Association.

Section 2. Enforcement. The Board of Directors shall be responsible for promoting and enforcing the Code of Ethics. There shall be no right to appeal decisions of the Board of Directors under this Article: however, those whose memberships are revoked under this Article may re-apply for membership in accordance with the procedure set forth in Article IV, Section 3(C).