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## MEMBERSHIP APPLICATION

### THE POWER OF 3 . . . THE CONVENIENCE OF 1

When you join the **BIA of Stark County**, you receive the benefit and support of two other associations as well.

#### **NAHB, National Association of Home Builders**

- ◇ Federal legislative representation
- ◇ Critical news and information, education, programs and services
- ◇ National Housing Resource Center, builderbooks.com, and other informational advantages
- ◇ Specific council membership: Development, Green Building, Remodeling, Sales and Marketing
- ◇ Technical assistance on code, environmental, labor, safety and health issues

#### **OHBA, Ohio Home Builders Association**

- ◇ Statewide lobbying and watchdog for political issues
- ◇ Growth advocate for our industry

### MEMBER BENEFITS

#### **Marketing & Business Development**

- Parade of Homes
- Home and Garden Show
- Circuit of New Homes
- Sales and merchandising awards
- Various consumer events
- Exclusive advertising opportunities

#### **Networking & Training**

- Industry Night
- Golf Outing
- Social mixers with builders, suppliers & subcontractors
- Classes and CEUs for builders, architects & realtors
- Lead RRP training courses
- Sales and marketing courses
- Green Building Certification
- Remodeling Certification
- OSHA and EPA courses and training
- Legal programs and consultation
- Codes and development issues

#### **Money Saving Benefits**

- Workers' Compensation (save thousands!)
- AultCare (low plan & single coverage)
- Verizon Wireless (up to 22% savings!)
- GM discount of \$500
- Member to Member Discount Program
- Fuel discounts

#### **Government Relations**

- Constant local lobbying efforts (state & federal, too)
- Close contact with elected and appointed officials
- Political fundraisers
- Zoning/building appeals
- Code interpretation assistance

**Building Industry Association of Stark County**  
4344 Metro Circle NW  
North Canton, OH 44720  
Phone: 330-494-5700 Fax: 330-494-6665

# MEMBERSHIP APPLICATION



**PLEASE PRINT**

COMPANY NAME: \_\_\_\_\_ # of years in business \_\_\_\_\_

**TYPE OF PROFESSION**

PRIMARY ACTIVITY \_\_\_\_\_ SECONDARY ACTIVITY \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_  
(print one e-mail only)

REPRESENTATIVE: \_\_\_\_\_ TITLE: \_\_\_\_\_

BIA SPONSOR: \_\_\_\_\_

**Please check one of the following types of membership:**

\_\_\_\_\_ **BUILDER MEMBERSHIP** (\$590 + \$25 initiation fee = \$615)  
(My principal business has been new construction for at least one year)  
\_\_\_\_\_ **Sample contract enclosed (required to process Builder membership)**

\_\_\_\_\_ **ASSOCIATE AND REMODELER MEMBERSHIP** (\$490 + \$25 initiation fee = \$515)  
(Remodelers and those businesses that provide essential supplies or services to benefit builder members in furtherance of construction or remodeling)

\_\_\_\_\_ **FRIENDS OF THE ASSOCIATION MEMBERSHIP** (\$490 + \$25 initiation fee = \$515)  
(A "non-allied trade, industry or profession" who endeavors to be supportive of the building industry)

**Builder, Remodeler, or Associate may also join the following:**

\_\_\_\_\_ **SALES AND MARKETING COUNCIL** (\$75 fee)

Yes, please enroll me in the Verizon Wireless 22% discount Plan. (This savings could pay for your membership!)  
My Verizon cell phone number is \_\_\_\_\_. My email address is \_\_\_\_\_.

**PLEASE PROVIDE US WITH YOUR WORKERS' COMPENSATION INFORMATION.**

The BIA and its agents have been retained to review and perform studies on certain Workers' Compensation matters on our behalf. This limited access is provided to review risk files, claim files and rated experiences only in order to obtain a quote of possible group rating savings.

**BWC Policy Number** \_\_\_\_\_

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

**CHECK OR CREDIT CARD INFORMATION MUST ACCOMPANY APPLICATION TO PROCESS.**

MC    Visa    Disc    Am Exp

Name on Card \_\_\_\_\_ Card's Mailing Zip Code \_\_\_\_\_

Card # \_\_\_\_\_ Exp. \_\_\_\_\_ Signature \_\_\_\_\_

Accepted by Board of Directors: \_\_\_\_\_ Date: \_\_\_\_\_