

NEW MEMBER APPLICATION FORM

NAME OF APPLICANT _____ TITLE _____

APPLICANT'S COMPANY NAME _____

(Check name in which you wish membership certificates issued)

ADDRESS _____

STREET

CITY

STATE

ZIP CODE

COUNTY _____

TYPE OF BUSINESS _____

TELEPHONE NO. _____ FAX NO. _____

WEB SITE _____ E-MAIL _____

CONTRACTOR REGISTRATION NUMBER _____

PENNSYLVANIA CONTRACTOR REGISTRATION NUMBER _____

BUSINESS SLOGAN _____

CLASS OF MEMBERSHIP APPLIED FOR: Builder / Associate / Affiliate

RECOMMENDED BY: _____

In making this application, I agree to abide by the Constitution and By-Laws (and all amendments thereof) of the National Association of Home Builders, the Pennsylvania Home Builders Association, and the Home Builders Association of the Alleghenies, Headquarters in Johnstown Pennsylvania.

I further agree to observe the provisions of the Code of Ethics below in all business dealings and to adhere to the high ethical standard of the Association.

1. Every member shall conduct their business so that every customer shall receive a fair and equitable result from each transaction, so that an even greater share of our people may enjoy the benefits of home ownership.
2. Every member shall strive to attain quality of workmanship consistent with standards well established for their trade. They shall constantly seek to improve those standards to the end that all parties, customers, management, labor and supplier may receive just and proper reward.
3. No member shall make or imply any fraudulent statements, contracts or warranties, but shall comply with the rules and regulations as prescribed by law, to protect the health, safety, and progress of the community.
4. Members shall not perform or cause to be performed any act which would tend to reflect, or bring into disrepute any part of the home building industry.
5. Members must submit Certificate of Insurance (Workmen Compensation and Liability) with application.
6. Members must sign the Quality Commitment Performance Standards Agreement.

Failure to abide by the Association's Code of Ethics could result in revocation of membership. In the event of termination of membership in the Association, I agree immediately to discontinue the use of its insignia in any form.

Date: _____ Signature _____

Name of Applicant _____

BUILDER/ASSOCIATE

Company Name _____

___ Owner

Business Address _____

___ Manager

City, Town, State, Zip _____

___ Partnership

___ Corporation

Partner's Name or Corporate Official

___ Other

Name _____

Address _____

Office Held in Partnership _____

No. Years in Business _____

What relationship does your business have with the home building industry?

References:

CREDIT

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

JOB REFERENCE

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

OTHER

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

INVESTIGATION:

The applicant hereby authorizes the Home Builders Association of the Alleghenies to conduct such investigation of this application.

FIRM _____

BY _____

This Application sponsored by _____