



Southern Arizona Home Builders Association

# Membership Application

Fill out this application and Company Profile

Then mail them With your check,

Payable to: SAHBA

2840 N. Country Club Road, Suite 100

Tucson, Arizona 85716

Date Received

Member #

For Office Use Only

Questions? Call (520) 795-5114

### FILL-IN NEW MEMBER INFO

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

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Type of Business \_\_\_\_\_

**SIGN: ALL APPLICANTS** – In making this application, I agree to abide by the Code of Ethics, Constitution and By-laws of the Southern Arizona Home Builders Association and the National Association of Home Builders. I agree that if my membership is terminated by receipt of written notification or for nonpayment, I will pay all obligations owed to the Association which were accrued to the dates of cancellation. In event of termination of membership on this Association, I agree to immediately discontinue the use of its insignias in any form. Attached is my remittance representing dues in the local, state and national Association. In accordance with the applicable provisions of the By-Laws, I understand the failure to meet my financial obligations to the Association may jeopardize my Member-in-Good-Standing status. I understand that this membership shall be effective as of the date of signing this application, subject only to subsequent approval of the Membership Committee and the Board of Directors.

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

**BUILDER APPLICANTS ONLY**– In making this application, I/we agree to the payment of a Dues Assessment on builders in addition to builder Dues, in accordance with the applicable provisions of the Association By-laws, as may be amended from time to time. I/we understand the assessment to any builder member at this time has been established in addition to the basic dues. Assessment is billed pursuant to building permits which indicate applicant, applicant company or companies as owner or contractor. Assessments will begin with 1st permit pulled in any one calendar year. Permits will be assessed at \$150 per single- Residential, Commercial or Remodelors building permit. Assessments cease at 466 permits per calendar year.

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

### CHOOSE ONE:

**Builder Member:**

\$495.<sup>00</sup> Annually plus Permit Assessments includes one-time new member processing fee Contractor Lic.# \_\_\_\_\_

Name Member Below: \_\_\_\_\_

**Developer Member:**

\$795.<sup>00</sup> Annually includes one-time new member processing fee

Name Member Below: \_\_\_\_\_

**Associate Member:**

\$520.<sup>00</sup> Annually includes one-time new member processing fee

Name Member Below: \_\_\_\_\_

**Affiliate Member**

Available Only To Existing Members

\$120.<sup>00</sup> Annually includes one-time new member processing fee

Name Member Below: \_\_\_\_\_

**Life Member**

\$195.<sup>00</sup> Annually includes one-time new member processing fee

Name Member Below: \_\_\_\_\_

### Voluntary Confidential Data

Applicant's home address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Have you ever participated in a political campaign? Yes No

Are you a registered voter? Yes No

Party Affiliation:  Republican  Democrat

Libertarian  Independent

### Sponsor Information

A sponsor is the person who recruited you to become a member. This person gets credit with the National Association of Home Builders for having talked to your company regarding joining our association. If you do not have a sponsor, leave this section blank.

Sponsoring SAHBA Member Name: \_\_\_\_\_

Sponsoring SAHBA Member's Company Name: \_\_\_\_\_

**Note** Payments to SAHBA are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code. Membership in this Association is open to all persons regardless of race, religion, sex, national origin, handicap or family status. Dues are non-refundable after application is approved and processed for membership.

# COMPANY PROFILE:

We can serve you better if we know you better.

Enter your classification from the list below. Choose up to 3.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ (Most important 1st)

Under what trade reference would you like to be listed under in SAHBA hand book?  
\_\_\_\_\_

Builder Member	Associate Members	Subcontractors & Specialty Trade Contractors	Retail Dealers/Distributors
<p>A Single Family Spec/ Tract Building</p> <p>B1 Single Family General Contracting</p> <p>B2 Single Family Custom Building</p> <p>C Multifamily Building (Condo/Co-Op Units)</p> <p>D Multifamily Building Ownership (Rental Units)</p> <p>E Multifamily General Contracting</p> <p>F Remodeling-Residential</p> <p>G Remodeling -Commercial</p> <p>H Commercial Building (Own Account)</p> <p>I Commercial General Contracting</p> <p>J Land Development</p> <p>K Manufacturing of Modular/Panelized/ Log Homes</p>	<p>L Accountant</p> <p>M1 Architecture</p> <p>M2 Engineering</p> <p>M3 Planner or Designer</p> <p>N Legal Services</p> <p>O Computer Products/ Services</p> <p>P1 Commercial Banking Thrift/Institution</p> <p>P2 Mortgage Banking</p> <p>Q Insurance or/Title Company</p> <p>R Marketing, Advertising, Public Relations</p> <p>S Building Material Manufacturing</p> <p>T Property Management</p> <p>U Real Estate</p> <p>Y Utilities</p> <p>Z Other (please Specify) : _____</p>	<p>W1 Carpentry</p> <p>W2 Electrical</p> <p>W3 Masonry, Stone Tile, Plastering</p> <p>W4 Landscaping</p> <p>W5 Plumbing, Heating Air Conditioning</p> <p>W6 Roofing, Siding, Sheet Metal</p> <p>W7 Painting, Paper Hanging</p> <p>W8 Floor Laying, Other Floor Work</p> <p>W9 Concrete Work</p> <p>WA Excavation Work</p> <p>WC Appliances</p> <p>WD Security Systems</p> <p>WZ Subcontractor (please Specify): _____</p>	<p>V1 Appliances</p> <p>V2 Building Materials/ Lumber</p> <p>V3 Floor Covering</p> <p>V4 Paint/Wall Coverings</p> <p>V5 Other Retail Dealer (please Specify): _____</p> <hr/> <p><b>Wholesale Dealers/Distributors</b></p> <p>X1 Appliances</p> <p>X2 Building Materials</p> <p>X3 Floor Coverings</p> <p>X4 Paint/Wall Coverings</p> <p>X5 Other Wholesale Dealerships (please Specify): _____</p> <hr/>

**Dollar Volume:** Annual Dollar Volume (check one)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 0 Under \$500,000           | <input type="checkbox"/> 2 \$1 million – \$4,999,999 | <input type="checkbox"/> 4 \$10 million or more     |
| <input type="checkbox"/> 1 Under \$500,000–\$999,999 | <input type="checkbox"/> 3 \$5 million–\$9,999,999   | <input type="checkbox"/> 5 No construction activity |

**Number Units: Builders Only** Annual Number of New Residential Units Built in the last 12 Months (check one):

- |                                       |   |   |
|---------------------------------------|---|---|
| <input type="checkbox"/> 1 0 units    | <input type="checkbox"/> 3 11-25 units  | <input type="checkbox"/> 5 101-500 units  |
| <input type="checkbox"/> 2 1-10 units | <input type="checkbox"/> 4 26-100 units | <input type="checkbox"/> 6 Over 500 units |

**Number Employees:** Total Number of Paid Employees, including the Member: \_\_\_\_\_

**Title:** Code Below that Best Describes the Member's Business Title (circle one):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 1 0 President / CEO / Owner   | <input type="checkbox"/> 4 Sales & Marketing Director/Manager | <input type="checkbox"/> 7 Owner, Principal, Partner |
| <input type="checkbox"/> 2 VP/General Manager          | <input type="checkbox"/> 5 Architect, Designer or Engineer    | <input type="checkbox"/> 9 Other (specify): _____    |
| <input type="checkbox"/> 3 Construction Superintendent | <input type="checkbox"/> 6 Financial Manager/Director         |  |

**How many years in Business** \_\_\_\_\_

**Wished to be informed via...**     SAHBA Website     Fax     Mail     Email