

MEMBERSHIP APPLICATION

(Complete both sides of this application)

Your Name: _____ Title: _____

Company Name: _____ Years in Business: _____

Street/City Address (required): _____

Mail / City Address (if different from above): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Cell: _____

Email: _____ ND contractor's license number: _____

Membership will be one of these categories: **Builder** or **Associate**. You are a **Builder** if you take out residential or commercial building permits routinely. If you do not take out building permits, you are an **Associate** member. You are applying for membership as a/an _____ member.

Completion of this application and payment of dues does not automatically guarantee acceptance as a member. All applications for membership are reviewed at the next regular meeting of the Board of Directors of the Minot Association of Builders. Please allow up to 60 days for initial approval and set-up.

I agree to abide by the Bylaws and Code of Ethics of the Minot Association of Builders (MAB), the North Dakota Association of Builders (NDAB) and the National Association of Home Builders (NAHB). I have enclosed by first year's membership dues. Applicant hereby authorizes MAB to conduct normal inquiries of applicant's activities and make such inquiries to determine stability and record of dealing with buyers, suppliers, subcontractors and references.

Applicant's Signature

Date

Annual Dues: \$285.00

Dues payments to Minot Association of Builders (MAB) are not deductible as charitable contributions for federal income tax purposes. However, dues payments may be deductible as ordinary and necessary business expense, subject to exclusion for lobbying activity. Because a portion of your dues is used for lobbying by NAHB, NDAB or MAB, 14 percent of the total dues, or \$39.00 is not deductible for income tax purposes.

Complete both sides of this application, attach to your check (Payable to the Minot Association of Builders and return to:)

Minot Association of Builders
PO Box 1851
Minot, ND 58702-1851
Telephone/Fax: (701-852-0496)
E-mail: maob@srt.com

MEMBERSHIP APPLICATION (continued from other side)

Builder / Contractor References:

Company Name	Address	City/State/Zip	Phone
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Company Name	Address	City/State/Zip	Phone
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Total Number of paid employees of your firm and all affiliated firms including yourself: _____

_____ **Check enclosed** _____ **Credit Card**
____ **Visa** ____ **MasterCard Card#** _____ **Exp.** _____

Cardholder's Name _____ Security Code (3 digits) _____

Cardholder's Billing Address _____ City/State _____ Zip _____

Occupation Codes

Please select the number(s) best describing your firm's occupation or service from the list below.
You may choose up to three. List in order of importance - your first choice will be your primary classified listing.

_____ **First** _____ **Second** _____ **Third**