



North State Building Industry Association

1536 Eureka Road, Roseville, CA 95661

Phone: (916) 677-5717 Fax: (916) 677-5734

Email: northstatebia@northstatebia.org www.northstatebia.org

Please type or print neatly. Please ensure the information provided is exactly how you wish to see it appear in the BIA directory.

COMPANY INFORMATION

Company Name: _____ Type of Business: _____

MAIN COMPANY CONTACT - The Main Company Contact will receive all BIA mail and be listed as the main contact in BIA membership records. If you want to add additional company contacts to the BIA mailing list, please contact the BIA office.

Main Company Contact: _____ Title: _____

Business Address: _____ Phone:(_____) _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____ Web Address: _____

MEMBERSHIP SPONSOR - Please identify your membership sponsor. Sponsor must be an employee of a North State BIA member company.

Sponsor's Name: _____ Company: _____

BILLING INFORMATION - Please indicate who should receive annual BIA membership dues notices. Membership dues are billed annually according to your payment anniversary month. If the individual is the same as the Main Company Contact, please leave blank.

Billing Contact: _____ Email: _____

Phone:(_____) _____

MEMBERSHIP DUES and VOLUNTARY FEES **Dues and fees are subject to change by the BIA Board of Directors – Membership dues are based on the number of employees. Please indicate your membership type and dues level:

Associate OR Subcontractor/Trade # of Employees _____

\$949 (1-10 employees)

\$1049 (11-40 employees)

\$549 Member in Retirement

\$1149 (41-100 employees)

\$1249 (100+ employees)

(Must meet criteria as indicated in Bylaws)

Dues paid to North State Building Industry Association are not deductible as charitable contributions for federal income tax purposes. Dues payments may be deductible as ordinary and necessary business expenses except for those amounts used for lobbying and political activities (see below). Dues and fees are subject to change by the BIA Board of Directors. A portion of your dues goes to the National and State Associations, making your company a member of the National Association of Home Builders (NAHB) and the California Building Industry Association (CBIA).

A portion of your member dues will be used to engage in lobbying and political activities. These amounts are not tax deductible. The non-deductible portion of dues is as follows:

(1) \$39.60 of your NAHB portion used for national lobbying.

(2) \$75 of the CBIA Portion to a CBIA political action fund. Please provide your signature below if

you would like these funds directed to a CBIA political education fund instead.

x _____ (3) \$25 will go to Committee for Home Ownership of the North State Building Industry Association (ID# 782240) to contribute to local political candidates. If you would like these funds directed to a North State BIA education fund instead, please provide your signature below.

x _____ Please note that contributions to CBIA political action fund and Committee for Home Ownership of the North State Building Industry Association are political contributions that may require disclosure if your business makes political contributions of \$10,000 or more during a calendar year. If you are uncertain of your disclosure obligations, we recommend seeking further advice from a campaign reporting professional.

MEMBERSHIP DUES PAYMENT OPTION (Select A or B) - Indicate your method of payment for the above indicated dues.

A) I elect to pay my membership in full.

B) I elect to pay installment dues payment and authorize the BIA to debit my credit card account with the first minimum payment of \$237.25 (first payment includes a \$20.00/monthly processing charge) upon receipt of this application and to debit the balance in four monthly payments. The payments for the second, third and fourth month will be charged to my credit card on the first of each successive month.

FORM OF PAYMENT - Your membership dues payment must accompany this application.

Check (payable to BIA or Building Industry Association) Check Number _____

VISA MasterCard Amex _____ Card # _____ Expiration Date: ____/____/____

CRV Code _____ (Required 3 digit # appearing after account number usually on back of card.)

Full Billing Address for Card: _____

Cardholder Name: _____ Cardholder Signature: _____

MEMBERSHIP AGREEMENT I have read the above application and agree to comply with BIA bylaws and any duly implemented modifications.

Signature _____ Printed Name _____ Date: _____