



**NORTH STATE
BUILDING INDUSTRY
ASSOCIATION**

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: _____ City: _____ State: _____ Zip: _____

Phone:(_____)_____

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: _____

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)

Your 2020 membership dues paid to North State Building Industry Assn (NSBIA) include dues for the National Assn of Home Builders (NAHB), and dues for the CA Building Industry Assn. (CBIA) enrolling you as a member for all three organizations. These dues are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible as an ordinary and necessary business expense, subject to exclusion for lobbying activity. The portions of your 2020 dues allocated for lobbying activities that are not tax deductible are \$38 of NAHB dues (\$198), \$15 of CBIA dues (\$75) and \$144 of NSBIA base dues (\$576), totaling \$197.

Additionally, your total 2020 dues include a \$75 contribution to CBIA's PAC, and a \$25 contribution to NSBIA's Committee for Home Ownership (ID#782240).

Indicate if you do not want these contributions to go into these respective PAC's, but instead into an industry education fund.

CBIA: Redirect my \$75 contribution towards CBIA's Political Education Fund x _____ (sign).

NSBIA: Redirect my \$25 contribution towards NSBIA's Industry Education Fund x _____ (sign).

Please note that contributions to CBIA political action fund and NSBIA Committee for Home Ownership of NSBIA are political contributions that may require disclosure if your business makes political contributions for \$10,000 or more during a calendar year. Consult your campaign reporting professional if you need further advise on your disclosure requirements.

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 \$257.25 (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: _____