

APPLICATION FOR MEMBERSHIP

Affiliated With



**National
Association
of Home
Builders**



CMBA
CENTRAL MINNESOTA BUILDERS ASSOCIATION



The following information will appear in our directory and in all our records exactly as given. Please give phone number(s), contact person, and addresses as you wish them to be published. All items must be completed and dues submitted before application can be processed.

DATE: _____ STATE OR LOCAL LICENSE # _____

COMPANY NAME: _____

CONTACT PERSON: _____ TITLE: _____
(Person to be listed on roster & receive mailings)

BUSINESS ADDRESS: _____
(street) (city) (state) (ZIP)

MAILING ADDRESS: _____
(If different than above) (street) (city) (state) (ZIP)

PHONE: (____) _____ FAX: (____) _____ CELL: (____) _____

E-MAIL ADDRESS: _____ WEBSITE: _____

HOME ADDRESS: _____
(street) (city) (state) (ZIP)

HOME PHONE: _____ SPOUSE'S NAME: _____

Name(s) of other owner(s) _____

Should other owner(s) also receive the CMBA magazine? _____

Number of employees: _____ Number of years firm has been in business: _____
(include owner)

Products/Services provided: _____

2017 CMBA DUES STRUCTURE

Builders

Gross sales under \$1 million	\$535
\$1 million to \$2.5 million	\$575
\$2.5 million to \$5 million	\$625
\$5 million or more	\$715

Associates

(include owner)	
1 to 10 employees	\$550
11 to 18 employees	\$590
19 to 25 employees	\$640
26 or more employees	\$730

Dues Remitted: \$ _____

To pay by credit card see reverse side.

MEMBERSHIP CLASSIFICATION

BUILDER - Type of Business (A-K) _____

Select up to 3 in order of importance.

Builder Codes

- A Single Family Builder - Speculative
- B1 Single Family - General
- B2 Single Family Builder - Custom
- C Multifamily Builder - Condo/Coop
- D Multifamily Builder/Owner - Rental Units
- E Multifamily Contractor - General
- F Remodeler - Residential
- G Remodeler - Commercial
- H Commercial Builder - Own Account
- I Commercial General Contracting
- J Land Developer
- K Home & Building Manufacturer

Annual Dollar Volume of all Construction/Development

- (1) Under \$1 million
- (2) \$1 million to \$5 million
- (3) \$5 million to \$10 million
- (4) Over \$10 million

Annual Number of Residential Dwelling Units

- (1) 0 units
- (2) 1 to 10 units
- (3) 11 to 25 units
- (4) 26 to 100 units
- (5) 101 to 500 units
- (6) Over 500 units

ASSOCIATE - Type of Business (L-Z) _____

Select up to 3 in order of importance.

Subcontractors and Specialty Trade Contractors

- L Accounting
- M1 Architecture
- M2 Engineering
- M3 Planner or Designer
- N Legal Services
- O Computer Products/Services
- P1 Commercial Banking/Thrift Inst.
- P2 Mortgage Banking
- Q Insurance or Title Company
- R Marketing, Advertising or Public Relations
- S Building Material Manufacturing
- T Property Management
- U Real Estate
- Y Utilities
- Z Other (specify) _____
- W1 Carpentry Work
- W2 Electrical Work
- W3 Masonry, Stone, Tile
- W4 Landscaping
- W5 Plumbing, Heating, A/C
- W6 Roofing, Siding, Sheet Metal
- W7 Painting & Paper Hang.
- W8 Floor Laying, etc.
- W9 Concrete Work
- WA Excavation Work
- WC Land Surveyor
- WD Security Systems
- WZ Other (specify) _____

Retail Dealers/Distributors

- V1 Appliances
- V2 Building Materials/Lumber
- V3 Floor Coverings
- V4 Paint/Wall Coverings
- V5 Other (specify) _____
- X1 Appliances
- X2 Building Mat./Lumber
- X3 Floor Coverings
- X4 Paint/Wall Coverings
- X5 Other (specify) _____

(OVER)

Return this application with dues payment to CMBA:

1124 West St. Germain Street, St. Cloud, MN 56301

Telephone: 320-251-4382 • fax: 320-251-3754 • www.cmbaonline.org • info@cmbaonline.org

Are there any unsatisfied judgments against you and/or your firm? Yes _____ No _____

If company has used another name(s) in the past five years, list name(s): _____

REFERENCES: (Please provide three, email preferred or phone to contact information)

Trade: 1) _____ Email/Phone _____

2) _____ Email/Phone _____

3) _____ Email/Phone _____

Name of CMBA member who encouraged you to join this association. (List of members at cmbaonline.org): _____

_____ This person, company will receive the Spike Credit.

I understand that by providing my fax number(s) on the membership application and signing this form, on behalf of my company/organization, I consent to receive faxes sent by or on behalf of the National Association of Home Builders and the affiliated Builders Association of Minnesota and Central Minnesota Builders Association of which I am also a member. I further represent that I am authorized to give this consent on behalf of my company/organization. I agree to abide by the constitution and by-laws of the Central Minnesota Builders Association to which my membership application is being directed, of the National Association of Home Builders and of the Builders Association of Minnesota, with which it is affiliated. I also agree to adhere to the Code of Professional Conduct set forth by the Association and I authorize the release of information from the references provided:

Signature

Title

Date

Associate Applicants

Membership criteria states that members must have a primary interest in the building industry. State how your company serves the building industry:

To pay by credit card please provide the following information:

Circle one: Visa MC Discover AmEx Name on card (please print): _____

Expiration Date: ____/____/____ Card Number: _____

Security Code: _____ Card Invoice Address: _____

Email for receipt: _____

Membership Application

Having formed a favorable impression of the Central Minnesota Builders Association (CMBA), and recognized the need for an organization of this kind, I hereby present my company as a candidate for membership. If accepted, I will observe all by-laws governing the Association and agree to the CMBA Code of Professional Conduct.

Each applicant, upon acceptance as a CMBA member also attains membership in the National Association of Home Builders (NAHB) and the Builders Association of Minnesota (BAM).

Dues

Your dues payment includes your one hundred eighty two dollar (\$182) membership fee to NAHB, Washington, D.C., and entitles you to the substantial benefits which NAHB provides, including its monthly *Builder* publication which is free to builders and architects and at a reduced rate of \$10 to associates. Your dues also include your one hundred ninety-five dollars (\$195) membership fee to BAM, St. Paul, MN.

NOTE: Contributions to the Central Minnesota Builders Association are not tax deductible as charitable contributions for income tax purposes.

In compliance with the Omnibus Budget Reconciliation Act of 1993, \$79.43 (\$34.58 of NAHB and \$44.85 of BAM) of your 2017 dues are not deductible as an ordinary and necessary business expense.

Membership Privileges

I understand that only members in good standing are allowed the privilege to display the CMBA membership certificate and the CMBA logo. Suspension or termination of membership as a result of failure to maintain the requirements and standards of membership, falsifying information on application, loss of license status, or non-payment of dues may result in a termination of membership benefits.

CODE OF PROFESSIONAL CONDUCT

Each member shall use best efforts in the conduct of its business activities to:

Conduct business affairs with professionalism and skill to provide the best housing value possible through the use of quality materials, construction practices backed by integrity and service, to provide housing of high standards of safety, sanitation and livability.

Comply with all other applicable laws governing licensing, warranty, and building codes.

Conduct all transactions, agreements and dealings with customers, employees, subcontractors, suppliers and regulatory officials free from fraud or deception and comply with requirements of the Minnesota Unfair Trade Practices Act.

Abide by the bylaws, rules and procedures of the Association.

Membership in the Association should not be used by members to avoid problems in their business. Therefore to protect the reputation of the Association, members shall not use membership on a committee or board to advance personal position or attempt to influence action of others.

Maintain insurance as may be required by law, including but not limited to general liability and workers compensation insurance, at a level that is adequate and customary for the business in which the member is engaged.

Enforcement of this provision is initiated by the filing of a written complaint with the Association's Ethics Committee (or other named committee or third-party dispute resolution firm that may be contacted by the Association) concerning a dispute involving the member's business or an alleged violation of the Code.

This Code applies to all corporations, partnerships and other business entities in which the member or a principle of the member has a majority interest.