



APPLICATION FOR MEMBERSHIP
GOLDEN SANDS HOME BUILDERS ASSOCIATION

COMPANY NAME DATE
MEMBER NAME (one name only)
LOCATION ADDRESS City State Zip
MAILING ADDRESS City State Zip
PHONE E-MAIL
FAX WEB-SITE

MEMBERSHIP TYPE (Please check your membership category)

BUILDER (any self-employed person, firm or corporation that is in the business of shelter construction, land development or remodeling.)
To enter a home in the Parade of Homes A builder MUST be a member one year prior to the Parade dates.
With this application for membership, builders, must submit a copy of their contractor certification card.

ASSOCIATE (Any person, firm or corporation, that provides service and/or products related to the shelter industry,)

MEMBERSHIP DUES ARE \$450.00 PER YEAR.

A remittance of \$450.00 representing my annual membership dues in the affiliated Associations accompanies this application. Of the amount remitted, a portion shall be used as subscription for one year to all national, state and local newsletters. Dues payments to GSHBA are NOT deductible as charitable contributions for federal tax purposes. However, dues payments may be deductible as an "ordinary and necessary" business expense.

INSURANCE Candidates for application shall provide evidence of General Liability Insurance. If applicable, evidence must also be shown for Automobile Liability Insurance and Worker's Compensation Insurance. The insurance carrier shall provide this directly to the Association. Sole Proprietor and Partnerships that are not required to carry Worker's Compensation Insurance must submit a signed and dated "Worker's Compensation Sole Proprietor Affidavit" to the GSHBA office. This information must be provided before the Association can process the application. "Worker's Compensation Sole Proprietor Affidavit" forms are available from the GSHBA upon request.

I agree to abide by the Code of Ethics and By-laws of the GSHBA to which this membership application is directed; the Wisconsin Builders Association; and the National Association of Home Builders; with which GSHBA is affiliated. I understand that by providing my mail address, email address, telephone number and fax number, I consent to receive communication sent by or on behalf of the Wisconsin Builders Association, its subsidiaries/affiliates and its affiliated local associations via regular mail, email telephone and or fax. I understand that the aforementioned groups may share my information with other organization/individuals with in the guidelines currently followed by the associations, and will continue to put my address, fax and email information on their Web sites. I also agree that should I drop my membership, I will stop using GSHBA, WBA and NAHB loges, and no longer represent myself as a member of the three organizations.

I HAVE ENCLOSED MY CERTIFICATE OF INSURANCE, COPY OF MY CONTRACTOR CERTIFICATION CARD (Builder Members) AND A CHECK IN THE AMOUNT OF 450.00

Applicant (Signature) Sponsored By (Another Member)

MAKE CHECK PAYABLE TO: GOLDEN SANDS HOME BUILDERS ASSOCIATION
RETURN THIS APPLICATION TO: 1001 THEATER DRIVE + PLOVER, WI 54467
PHONE - 715-341-3536

OVER