

# NEW MEMBER APPLICATION FORM

NAME OF APPLICANT \_\_\_\_\_ TITLE \_\_\_\_\_

APPLICANT'S COMPANY NAME \_\_\_\_\_

(Check name in which you wish membership certificates issued)

ADDRESS \_\_\_\_\_

STREET

CITY

STATE

ZIP CODE

COUNTY \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

WEB SITE \_\_\_\_\_ E-MAIL \_\_\_\_\_

BUSINESS SLOGAN \_\_\_\_\_

CLASS OF MEMBERSHIP APPLIED FOR: Builder / Associate / Affiliate

RECOMMENDED BY: \_\_\_\_\_

In making this application, I agree to abide by the Constitution and By-Laws (and all amendments thereof) of the National Association of Home Builders, the Pennsylvania Home Builders Association, and the Home Builders Association of the Alleghenies, Headquarters in Johnstown Pennsylvania.

I further agree to observe the provisions of the Code of Ethics below in all business dealings and to adhere to the high ethical standard of the Association.

1. Every member shall conduct their business so that every customer shall receive a fair and equitable result from each transaction, so that an even greater share of our people may enjoy the benefits of home ownership.
2. Every member shall strive to attain quality of workmanship consistent with standards well established for their trade. They shall constantly seek to improve those standards to the end that all parties, customers, management, labor and supplier may receive just and proper reward.
3. No member shall make or imply any fraudulent statements, contracts or warranties, but shall comply with the rules and regulations as prescribed by law, to protect the health, safety, and progress of the community.
4. Members shall not perform or cause to be performed any act which would tend to reflect, or bring into disrepute any part of the home building industry.
5. Members must submit Certificate of Insurance (Workmen Compensation and Liability) with application.
6. Members must sign the Quality Commitment Performance Standards Agreement.

Failure to abide by the Association's Code of Ethics could result in revocation of membership. In the event of termination of membership in the Association, I agree immediately to discontinue the use of its insignia in any form.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Name of Applicant \_\_\_\_\_

BUILDER/ASSOCIATE

Company Name \_\_\_\_\_

\_\_\_\_ Owner

Business Address \_\_\_\_\_

\_\_\_\_ Manager

City, Town, State, Zip \_\_\_\_\_

\_\_\_\_ Partnership

\_\_\_\_ Corporation

Partner's Name or Corporate Official

\_\_\_\_ Other

Name \_\_\_\_\_

Address \_\_\_\_\_

Office Held in Partnership \_\_\_\_\_

No. Years in Business \_\_\_\_\_

What relationship does your business have with the home building industry?

\_\_\_\_\_  
\_\_\_\_\_

References:

**CREDIT**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

**JOB REFERENCE**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

**OTHER**

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**INVESTIGATION:**

The applicant hereby authorizes the Home Builders Association of the Alleghenies to conduct such investigation of this application.

FIRM \_\_\_\_\_

BY \_\_\_\_\_

This Application sponsored by \_\_\_\_\_