



# Wolf River Builders Association

P.O. Box 595, Shawano, WI 54166

Phone: 715-853-2310 • Email: [wolfriverbuilders@gmail.com](mailto:wolfriverbuilders@gmail.com)

## Application for Membership

Business Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
 Business Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone-Business \_\_\_\_\_ Home \_\_\_\_\_ Mobile \_\_\_\_\_  
 Fax \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

**Representative Applying for Membership** \_\_\_\_\_ Title \_\_\_\_\_

(This person will be the official member of record with WRBA, the National Association of Home Builders and the Wisconsin Builders Association. Affiliate membership is available for a second representative at a reduced fee. An affiliate membership application is required and available upon request.)

**Membership is available for businesses that have been in business for one full year, and who shall agree to abide by the Bylaws of the Association and subscribe to the Code of Ethics.**

**Builder Member** – Any person, partnership, firm or corporation that derives a major portion of their income from the proceeds of building or remodeling housing units, or a combination of housing units and/or apartment, commercial and industrial buildings, or a developer.

**Associate Member** – Any person, partnership, firm or corporation that provides service and/or products related to the building industry.

Dwelling Contractor Number: \_\_\_\_\_ Date Business Began \_\_\_\_\_  
 Dwelling Contractor Qualifier Number: \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_  
 Contractor License Number: \_\_\_\_\_ Type of Business \_\_\_\_\_

Bank Reference:

Bank Name \_\_\_\_\_  
 Bank Address \_\_\_\_\_  
 Phone \_\_\_\_\_

Business Reference:

Business Name \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Phone \_\_\_\_\_

I agree to abide by the Bylaws of the Wolf River Builders Association (WRBA) to which this membership application is directed, of the National Association of Home Builders of the United States (NAHB) with which it is affiliated, and of the Wisconsin Builders Association (WBA). I hereby authorize WRBA to obtain my credit history if they so require. I hereby agree that I meet the qualifications listed above for the Builder or Associate member.

**Signature of Applicant** \_\_\_\_\_

**Sponsored by** \_\_\_\_\_ (Current member in good standing)

**A check for \$450.00** must accompany this application along with a **current insurance certificate**. Applicants must complete information as required on the reverse side. Dues include dinner at regular general membership meetings, generally held on the second Tuesday of each month. Your check will be refunded if membership is denied for any reason.

Note: Dues payments to the WRBA are not deductible as a charitable contribution for federal income tax purposes. However, dues payments may be deductible as an ordinary and necessary business expense, subject to exclusion for lobbying activity.

**-REVERSE SIDE MUST BE COMPLETED-**

**For Office Use Only:**

Received Application \_\_\_\_\_ Ck # \_\_\_\_\_ Ck Date \_\_\_\_\_ Presented to BOD \_\_\_\_\_ Approved Yes/No