



# Northern Arizona Building Association

1500 East Cedar Avenue, Suite 86  
Flagstaff, AZ 86004

928.779.3071 Fax: 928.779.4211 www.nazba.org

## Application for Membership

### Membership

**Affiliate—\$150**

Affiliate memberships are for additional employees of a member company to be directly involved. Branch offices qualify as affiliates.

Dues payments to NABA are not deductible as charitable contributions for Federal tax purposes. However, dues payments may be deductible as an ordinary business expense, subject to a 13% exclusion for lobbying activity.

### Company Information

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

Website \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

Zip \_\_\_\_\_

\_\_\_\_ Number of Employees (including contact)

\_\_\_\_ Years in Business

License # \_\_\_\_\_

### Business Classifications

#### Builder

\_\_\_\_ Primary

\_\_\_\_ Secondary

\_\_\_\_ Tertiary

- A** Single Family Spec/Trac Building
- B1** Single Family General Contracting
- B2** Single Family Custom Building
- C** Multifamily Building

- D** Multifamily Building
- E** Multifamily Bldg/Ownership (Rentals)
- F** Remodeling—Residential
- G** Remodeling—Commercial

- H** Commercial Building (Own Account)
- I** Commercial General Contracting
- J** Land Development
- K** Modular/Panelized/Log Homes

#### Associate

- 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, PR
- S** Building Material Manufacturing
- T** Property Management
- U** Real Estate
- Y** Utilities

- Z** Other (specify in end column)
- X1** Wholesale Appliances
- X2** Wholesale Building Materials/Lumber
- X3** Wholesale Floor Coverings
- X4** Wholesale Paint/Wall Coverings
- X5** Other Wholesale (specify in end column)
- V1** Retail Appliances
- V2** Retail Building Materials/Lumber
- V3** Retail Floor Coverings
- V4** Retail Paint/Wall Coverings
- V5** Other Retail (specify in end column)
- W1** Carpentry
- W2** Electrical
- W3** Masonry, Stone, Tile, Plastering

- W4** Landscaping
  - W5** Plumbing, Heating, A/C
  - W6** Roofing, Siding, Sheet Metal
  - W7** Painting, Paper Hanging
  - W8** Floor Laying, Other Floor Work
  - W9** Concrete Work
  - WA** Excavation Work
  - WC** Appliance Repair
  - WD** Security Systems
  - WZ** Other Subcontractor (specify below)
- Other: \_\_\_\_\_

### Contact Information

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

President/CEO

VP/General Manager

Construction Superintendent

Sales & Marketing Director/Manager

#### Title

Architect, Designer or Engineer

Financial Manager/Director

Owner/Principal Planner

Other \_\_\_\_\_

### Voluntary Confidential Information

Home Address \_\_\_\_\_

Birthday \_\_\_\_\_

#### Are you willing to serve on a committee?

If yes, which one(s) - Check all that are of interest

Community Relations Committee

Government Affairs Committee

Education Committee

Membership Committee

Golf Tournament Committee

Events/Programs Committee

I want to be involved but not on a committee-PLEASE CONTACT ME!

What are your non-work related skills/talents/interests? \_\_\_\_\_

Please send information updates/meeting information via:  Fax

Email

(over)

### Reasons for joining

Check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Networking/Increased Business Contacts | <input type="checkbox"/> Workers Compensation—SCF Arizona Program          |
| <input type="checkbox"/> Educational Programs/Seminars          | <input type="checkbox"/> Programs and Events                               |
| <input type="checkbox"/> Plan Room                              | <input type="checkbox"/> National Association of Home Builders Affiliation |
| <input type="checkbox"/> Bid Report                             | <input type="checkbox"/> International Builders Show                       |
| <input type="checkbox"/> City/County Government Representation  | <input type="checkbox"/> Flagstaff Home and Garden Show                    |
| <input type="checkbox"/> Industry Related Information           | <input type="checkbox"/> Community Service Projects                        |

Other: \_\_\_\_\_

What would you like to see your association do for you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Community Involvement

Do you reside within Flagstaff city limits?  Yes  No If no, Which city? \_\_\_\_\_

County of Residence: \_\_\_\_\_

Are you registered to vote:  Yes  No

Are you currently a member of another community or trade organization?  Yes  No

If yes, please identify organizations and positions held: \_\_\_\_\_

\_\_\_\_\_

Have you ever served on a public board or commission?  Yes  No

If yes, please identify boards/commissions: \_\_\_\_\_

\_\_\_\_\_

### Who recruited/recommended you for membership and/or how did you hear about us?

Contact Name \_\_\_\_\_

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

### Method of Payment

Check Enclosed

Visa/Mastercard/Discover

Credit Card # \_\_\_\_\_

Name on Card \_\_\_\_\_

Exp. date \_\_\_\_\_

Signature \_\_\_\_\_

\$150 for Membership Only

\$300 for Membership and Bid Report Subscription

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only:

Date Received: \_\_\_\_\_ Welcome Packet: \_\_\_\_\_ Website: \_\_\_\_\_ Newsletter: \_\_\_\_\_

Payment Details: Ck # \_\_\_\_\_ CC Date: \_\_\_\_\_ Amt: \$ \_\_\_\_\_