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EMAIL sislager@shawcable.com WEB www.chbanorthernbc.ca

MEMBERSHIP APPLICATION FORM

Date: _____

Company Name: _____

Address: _____

City: _____ Postal Code: _____

Bus. Phone: _____ Bus. Fax: _____

Website: _____ Email: _____

Co. Representative Name: _____

Additional Rep: _____

References: (List 3 credit reference)

1.) Company Name: _____

Contact Person: _____ Phone No: _____

Address: _____

2.) Company Name: _____

Contact Person: _____ Phone No: _____

Address: _____

3.) Company Name: _____

Contact Person: _____ Phone No: _____

Address: _____

Previous Member of CHBA? Yes _____ No _____ Local: _____ Year(s) _____

Number of years in Business. _____ WCB Registration #: _____

**PLEASE ATTACH A COPY OF YOUR BUSINESS LICENCE.
CHECK THE CATEGORY THAT BEST DESCRIBES YOUR BUSINESS:**

Architect/Designer Builder Developer Financial Services
 Government Office Manufacturer Professional Service Service Provider
 Supplier Trade Contractor Utility Company Warranty Co.

BUILDERS ONLY SECTION: Builder Members must be registered with the Homeowner Protection Officer.

HPO Builder License # _____ 3rd PARTY WARRANTY PROVIDER. _____

Pls. Check applicable designations: R-2000 Builder Certified Residential Builder (CRB)

Pls. Check courses Taken: Construction Law Project Mgmt. Financial Management

Upon acceptance, the undersigned promises to abide by the Constitution, Bylaws and Code of Ethics of the Association and pledges support of the Association for the general good and welfare of the building industry and members in general. The undersigned also agrees to use and display any Association logo or emblem only so long as they remain an Association member in good standing. I hereby consent to any of the references listed being contacted and I understand all new memberships are subject to a one year probationary period.

It is the mandate of CHBA-Northern BC, to provide information, promote membership and foster communication, e.g. catalogues of members, Internet information, new products and services etc. The Applicant hereby consents to the use of the information in this Application for such purposes (banking and credit card information excepted)

Signature: _____ Date: _____

Referred By CHBA Member: _____ **Company:** _____

ALL APPLICANTS MUST RETURN THE FOLLOWING:

Completed application form Copy of CRB/RHP certification (if applicable)
Copy of business license references (Builders/Renovators only)
Copy of HPO registration (builders only).

Cheque payable to CHBA Northern BC (\$1025.00 +H.S.T.) HST # 10758920RP0001)

(Payments may be made on a monthly basis with a valid credit card on file with CHBA Northern BC with \$500 down at time of signing and 6 payments of \$100. Per month)



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Membership Application Privacy Act

References

Pursuant to the requirements of the Federal and Provincial Privacy Acts, it is required that you agree we may obtain and/or verify the particulars of your company financial information and business practices specific to those requested in the application and that the reference provided with whom you have business and financial dealings may be permitted to disclose such information to CHBA Northern BC

Publication

In submitting this application, you also affirm that the company information provided is accurate and consent to its use for such purposes of the promotion of membership, government liaising, public education, new products and services, internet information and networking (**banking and credit card information excepted**)

I, _____ of _____, agree to the foregoing.
Print Name of the Applicant Company

Signature of the Applicant

Date

Company Name: _____

Address: _____
Street Address City, Province Postal Code

Mailing Address: (if different than above): _____
Address

City, Province

Postal Code

Association Company Representative: _____ Title: _____

Mailing Address (if different than above): _____
Address

City, Province

Postal Code

Business Phone: _____ Fax: _____ Cell: _____ email: _____

MEMBERSHIP MAKES A DIFFERENCE