



MEMBERSHIP APPLICATION

Please complete all areas & print neatly. Don't hesitate to call for assistance.

SECTION A

Company Name: _____ Date: _____

Mailing Address: _____
Number and Street

City: _____ Postal Code: _____

Physical Address: _____
Number and Street

City: _____ Postal Code: _____

Bus. Phone: _____ Bus. Fax: _____

Website: _____ Email: _____

Facebook Address: _____ Twitter: _____

Co. Representative (name): _____ Title: _____

Additional Rep (name): _____ Title: _____

Phone: _____ Email: _____

Note: the two representatives provided here will be informed via email, for updates and important association information on a periodic basis which includes notices of association events and meetings.

Are you a previous member of the CHBA? Yes _____ No _____

If yes, which year?: _____

SECTION B: BUILDER SECTION ONLY

Are you a previous member of CHBA? Yes _____ No _____ Year(s) From: _____ To: _____

SECTION C: BUILDERS ONLY SECTION

Builder Members must be registered with the Homeowner Protection Office (HPO)

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

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



Canadian Home Builders' Association of Northern BC

#115, 1705 Third Avenue,

Prince George, BC V2L 3G7

Phone: 250 563-3306 Fax: 250 563-3815

Website: www.chbanorthernbc.ca

Terri McConnachie: eo@chbanorthernbc.ca

Pls. check applicable certifications: R-2000 Builder _____ Certified Housing Professional (CHP) _____
Master Residential Builder (MRB) _____ Energy Star _____ EnerGuide _____ Certified Renovation
Professional (CRP) _____

Other, named: _____

SECTION C

Please check the category that best describes your business/organization, up to three categories may be chosen. Categories chosen will be reflected online and in relevant membership or consumer driven publications. **Note:** if only one category in a 'grouping' applies, please circle only those which apply

<input type="checkbox"/>	Architect/Designer	<input type="checkbox"/>	Accounting
<input type="checkbox"/>	Builder	<input type="checkbox"/>	Cabinets & Countertops
<input type="checkbox"/>	Developer	<input type="checkbox"/>	Concrete/Foundations
<input type="checkbox"/>	Renovator	<input type="checkbox"/>	Doors & Windows
<input type="checkbox"/>	Drywall	<input type="checkbox"/>	Eavestroughs/Decks/Fencing
<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Flooring
<input type="checkbox"/>	Government	<input type="checkbox"/>	Insulation
<input type="checkbox"/>	Insurance/Financial Services	<input type="checkbox"/>	Landscaping
<input type="checkbox"/>	Land Surveyors	<input type="checkbox"/>	Media
<input type="checkbox"/>	Paint/Decor	<input type="checkbox"/>	Plumbing/Heating/Refrigeration
<input type="checkbox"/>	Professional Organization	<input type="checkbox"/>	Roofing/Siding
<input type="checkbox"/>	Supplier	<input type="checkbox"/>	Utility
<input type="checkbox"/>	Trades/Training	<input type="checkbox"/>	Other: Named _____

SECTION D

References: (Please 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: _____

SECTION E

ALL APPLICANTS MUST RETURN/ATTACH THE FOLLOWING PLEASE:

- | | |
|---|---|
| <input type="checkbox"/> Completed application form | <input type="checkbox"/> Proof of declared certifications |
| <input type="checkbox"/> Copy of business license | <input type="checkbox"/> Copy of HPO registration (builders only) |

SECTION F

Important information and Declaration(s): Please initial your understanding and agreement. For more information or for copies of organization governing documents please contact the General office as per the information in the header of this document.

Initial	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 understand all new memberships are subject to a one year probationary period.
	The processing of this application includes approval by way of motion of acceptance by the current board of directors; payment must be received before membership in good standing is granted.
	With regards to References: Pursuant to the requirements of the Federal and Provincial Privacy Acts, it is required that you agree that 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(s) provided with whom you have business and financial dealings may be permitted to disclose such information to CHBA Northern BC.
	Publication & Privacy Act: In submitting this application, you affirm that the company information provided is accurate and consent to its use for such purposes as the promotion of membership, government liaising, public education, new products and services, social media, networking & promotion. (banking and credit card information excepted)
	Anti Spam Legislation: I agree that the sharing of information is a useful tool and a benefit of membership and agree that updates, announcements and invitations will be forwarded to the email or mailing address provided in this application, from time to time.

Signature: _____

Date: _____

Print name:



We are Community Builders!

SECTION G

Payment Method:

Check one

A) *Cheque(s) (please make payable to CHBA-NBC and mail to the address in the header)

Credit Card (please complete the information below and fax to 250 563-3815)

*Payment may be made in three equal monthly installments. Three post dated cheques (consecutively dated please) must be submitted and dated for the first of each month. Please don't hesitate to ask for more information, we are here to help. **IMPORTANT:** Please do not email credit card information at any time

Amount: \$ _____

Please print clearly:

Name: _____ Business Name: _____

CREDIT CARD TYPE: Visa _____ MasterCard _____ CREDIT CARD Number: _____

Expiry Date (MM/YY): _____ Name on the Credit Card: _____

SIGNATURE: _____ CSV # (3 digits on the back of card) _____

Current Membership Year: July 1, 2020-June 30, 2021			
Pro-rated Membership fee chart			
Month	Membership	GST 5%	Total
July	1150.00	57.50	\$1,207.50
August	1054.13	52.70	\$1,106.83
September	958.30	47.92	\$1,006.22
October	862.47	43.12	\$905.59
November	766.64	38.33	\$804.97
December	670.81	33.54	\$704.35
January	574.98	28.75	\$603.73
February	479.15	23.96	\$503.11
March	383.32	19.17	\$402.49
April	287.49	14.37	\$301.86
May	191.66	9.59	\$201.25
June	95.83	4.79	\$100.62
July 1, 2020	1150.00	57.50	\$1,207.50