

POCONO BUILDERS ASSOCIATION

745 MAIN STREET SUITE 203
STROUDSBURG, PA 18360
570-421-9009/FAX 570-424-6764

APPLICATION FOR MEMBERSHIP

PLEASE TYPE OR PRINT CLEARLY

DATE: _____

BUILDER MEMBER REMODELER MEMBER ASSOCIATE MEMBER
(Must have completed 3 homes)

COMPANY NAME: _____

CONTACT NAME: _____ FED I.D OR SOC. SEC. NO: _____

BUSINESS ADDRESS: _____
STREET OR P. O. BOX CITY STATE ZIP

PHONE NO: _____ FAX NO: _____

E-MAIL: _____ WEBSITE: _____

ALL INFORMATION SUPPLIED WILL BE HELD IN STRICTEST CONFIDENCE

____ CORPORATION ____ PARTNERSHIP ____ SOLE PROPRIETORSHIP
LIST ALL OFFICERS OF THE CORP. LIST ALL PARTNERS OWNER'S NAME

NAME	ADDRESS	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

THE PRIMARY BUSINESS OF YOUR FIRM IS: (CHECK ONLY ONE)

- ____ ARCHITECTURAL FIRM, ARCHITECTURAL ENGINEERING FIRM, OR ARCHITECT- ENGINEER DESIGNER OF HOMES, CONSULTANT, ENVIRONMENTAL CONSULTANT
- ____ BUILDER, BUILDER-DEVELOPER
- ____ REMODELER ENGAGED IN BUILDING ACTIVITIES, GENERAL CONTRACTOR (ADDITIONS OF ANY KIND)
- ____ DEALER/WHOLESALE - BUILDING MATERIALS
- ____ DEALER/RETAIL - LUMBER, BUILDING MATERIAL, EQUIPMENT OR TOOLS OR MOBILE HOMES
- ____ FINANCIAL ORGANIZATION (I.E. SAVINGS & LOAN ASSOC., COMMERCIAL OR MUTUAL SAVINGS BANK, MORTGAGE OR INSURANCE COMPANY)
- ____ MANUFACTURER OF MOBILE HOMES, MODULAR HOMES, SECTION HOMES OR BUILDING COMPONENTS
- ____ REALTY FIRM
- ____ SUB-CONTRACTOR (SPECIFY YOUR TRADE) _____
- OTHER _____

HOW MANY YEARS HAVE YOU BEEN IN BUSINESS? (1 YEAR MINIMUM REQUIRED FOR MEMBERSHIP): _____

DATE OF INCORPORATION OR REGISTRATION OF FICTITIOUS NAME: _____

IN WHAT AREA (S) DO YOU BUILD AND/OR HAVE OFFICES? _____

NAME	ADDRESS	PHONE #	ACCOUNT #:
_____	_____	_____	_____

3 CREDIT REFERENCES:

NAME	ADDRESS	PHONE #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

3 SUBCONTRACTORS EMPLOYED: (BUILDERS & REMODELERS ONLY)

NAME	ADDRESS	PHONE #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

LIST 3 VERIFIABLE CUSTOMER REFERENCES (ACCOUNTS ACTIVE WITHIN THE LAST 12 MONTHS.)

1. NAME OF CUSTOMER: _____ PHONE NUMBER: _____
 MAILING ADDRESS: _____
 LOCATION OF HOME/JOB, (IF DIFFERENT): _____
 WORK PERFORMED: NEW HOME: _____ RENOVATION: _____ OTHER: _____

2. NAME OF CUSTOMER: _____ PHONE NUMBER: _____
 MAILING ADDRESS: _____
 LOCATION OF HOME HOME/JOB, (IF DIFFERENT): _____
 WORK PERFORMED: NEW HOME: _____ RENOVATION: _____ OTHER: _____

3. NAME OF CUSTOMER: _____ PHONE NUMBER: _____
 MAILING ADDRESS: _____
 LOCATION OF HOME/JOB, (IF DIFFERENT): _____
 WORK PERFORMED: NEW HOME: _____ RENOVATION: _____ OTHER: _____

BUILDER & REMODELER APPLICANTS ONLY: PLEASE SUBMIT TWO (2) CERTIFICATES OF OCCUPANCY OR PERMITS WITH INSPECTIONS COMPLETED. FAILURE TO DO SO WILL REQUIRE AN INSPECTION OF TWO (2) PROJECTS IN PROGRESS (PREFERABLY OPEN FRAME.) PLEASE ATTACH ON SEPARATE SHEET OF PAPER NAME OF THE PROJECT, LOCATION AND DIRECTIONS, AND PROVIDE A SET OF BLUEPRINTS FOR EACH HOUSE.

LIST ANY OTHER ORGANIZATION (S) TO WHICH YOU/YOUR COMPANY CURRENTLY BELONG:

WHY DO YOU WANT TO JOIN THE POCONO BUILDERS ASSOCIATION?: _____

HAVE ANY PRINCIPALS OF THE FIRM OR THEIR SPOUSES BEEN INVOLVED IN A BANKRUPTCY OR HAD THEIR PROFESSIONAL LICENSE REVOKED WITHIN THE LAST 7 YEARS? (EXAMPLE: SERVED ON A BOARD OF A FIRM, WAS A PRINCIPAL IN A FIRM OR FILED PERSONALLY?) YES: _____ NO: _____
 IF YES, PLEASE PROVIDE FULL DETAILS ON YOUR LETTERHEAD.

HAVE YOU EVER BEEN SUSPENDED BY ANOTHER ASSOCIATION? YES _____ NO _____
 IF YES NAME OF ASSOCIATION _____
 REASON FOR SUSPENSION _____

ACKNOWLEDGMENT

I AGREE TO ABIDE BY THE CONSTITUTION, BY-LAWS, CODE OF ETHICS AND ADOPTED BUILDING CODES OF THE POCONO BUILDERS ASSOCIATION. I ALSO AGREE TO ABIDE BY THE BY-LAWS OF THE NATIONAL ASSOCIATION OF HOME BUILDERS AND THE PENNSYLVANIA BUILDERS ASSOCIATION. I AGREEE THAT THE INFORMATION I PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT FALSEFICATION OF INFORMATION COULD BE GROUNDS FOR IMMEDIATE EXPULSION FROM THE POCONO BUILDERS ASSOCIATION.

AUTHORIZATION

I (WE) AUTHORIZE THE POCONO BUILDERS ASSOCIATION TO MAKE WHATEVER INQUIRIES IT DEEMS NECESSARY, INCLUDING CREDIT REPORTS, IN CONNECTION WITH MY (OUR) APPLICATION. I (WE) AUTHORIZE AND INSTRUCT ANY PERSON, FIRM, CORPORATION OR CONSUMER REPORTING AGENCY TO COMPILE AND FURNISH THE POCONO BUILDERS ASSOCIATION WITH ANY INFORMATION IT MAY HAVE OR OBTAIN IN RESPONSE TO SUCH INQUIRIES.

DATE: _____ APPLICANT SIGNATURE: _____

WITNESS: _____ : APP. NAME (PRINT): _____

SPONSORED BY _____ COMPANY _____

PLEASE SUBMIT A COMPLETED APPLICATION, ALONG WITH YOUR PAYMENT FOR THE MEMBERSHIP FEE, APPLICATION FEE, AND IF APPLICABLE, INSPECTION FEE MADE PAYABLE TO POCONO BUILDERS ASSOCIATION. IN THE EVENT THAT YOUR MEMBERSHIP IS NOT APPROVED, YOUR MEMBERSHIP FEE WILL BE REFUNDED MINUS THE INSPECTION FEE (IF APPLICABLE) AND APPLICATION FEE:

**POCONO BUILDERS ASSOCIATION
 745 MAIN STREET SUITE 203
 STROUDSBURG, PA 18360**

BUILDER & REMODELER MEMBERSHIP

MEMBERSHIP	\$510.00	
APPLICATION FEE	55.00	(NON-REFUNDABLE) Application Fee will be waived if received by August 31, 2010
	\$510.00	

ASSOCIATE MEMBERSHIP

MEMBERSHIP	\$410.00	
APPLICATION FEE	55.00	(NON-REFUNDABLE) Application Fee will be waived if received by August 31, 2010
	\$410.00	

I WOULD LIKE TO PAY BY CREDIT CARD VISA MASTERCARD

Name as it appears on card _____ Amount \$ _____
 Address of Cardholder _____ Zip Code _____
 Credit Card # _____ Card Security # _____
 Exp Date (mm/yy) _____ Signature _____