



# 2026 BABX MEMBERSHIP APPLICATION

To the Bay Area Builders Exchange Board of Directors:

I/We do hereby make application to be a member of the Bay Area Builders Exchange (BABX). If accepted as a member I/We agree to abide by the provisions set forth in the by-laws and any subsequent rules, regulations and policies which might be adopted by the Board of Directors. If accepted I/We will be eligible to receive the services and benefits offered by the Exchange per the member classification.

**Company Name:** \_\_\_\_\_

**Owner/CEO:** \_\_\_\_\_ **Number of Employees:** \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Additional Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip + 4:** \_\_\_\_\_

**Phone:** ( ) \_\_\_\_\_ **Company Email:** ( ) \_\_\_\_\_

**Company Web Site:** \_\_\_\_\_ **Year Co. Est:** \_\_\_\_\_

**Contractor's License #:** \_\_\_\_\_ (if required) **Classifications:** \_\_\_\_\_

**Primary Company Trade/Service (s):** \_\_\_\_\_

**Other Company Trade/Service (s):** \_\_\_\_\_

▪ Residential: \_\_\_\_\_ ▪ Commercial: \_\_\_\_\_ ▪ Union Affiliation: \_\_\_\_\_

▪ **If any of these Certifications apply to your Business, please check the box:**

- Disabled Veteran Business Enterprise **DVBE**
- Minority or Women Owned Business
- Disadvantaged Business **DBE**
- MBE\WBE**
- Small Business **SBE**

▪ Do you have Health Insurance? \_\_\_\_\_ May we contact you about our GROUP Medical, Dental & Vision Program? \_\_\_\_\_

▪ Main reason for joining BABX? \_\_\_\_\_

▪ How did you hear about us? Internet: \_\_\_\_\_ Other: \_\_\_\_\_

**2026 BABX Membership Application-Continued**

**TERMS & AGREEMENT:**

This application for Membership in the BABX is made subject to the by-laws and rules governing such membership. This applicant, upon acceptance for membership in the Exchange, hereby acknowledges his/her liability for the dues. Dues and application fee must be paid in advance and are **non-refundable**. **Termination of membership must be in writing** or it will be terminated after one (1) quarter of non-payment. Terminated member will be responsible for the quarter dues and any past due amounts. Non-payment will be sent to collections. The Bay Area Builders Exchange does not discriminate on the basis of race, creed, color, sex, or religion.

**I have read the above and agree to all terms of the Application for Membership. Please Date & Sign Below:**

**Date:** \_\_\_\_\_ **Applicant Signature:** \_\_\_\_\_

**Membership Fee Schedule: (Check One)**

- Regular Member Dues:** Includes All Members Services.
 

<b>Application Fee</b>	<b>\$100 ( )</b>
<b>Annually</b>	<b>\$750 ( )</b>
<b>Semi-Annual</b>	<b>\$500 ( )</b>
  
- Affiliate Member Dues:** Excludes Planroom Access & Insurance and Safety Discount Programs.
 

<b>Application Fee</b>	<b>\$ 50 ( )</b>
<b>Annually</b>	<b>\$ 250 ( )</b>

Check Enclosed: \_\_\_\_\_ Mastercard: \_\_\_\_\_ Visa: \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_

CC Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ / \_\_\_\_\_ 3-Digit Security Code \_\_\_\_\_

V/MC Authorized Signature: \_\_\_\_\_

**Please Mail or Email your Application & Payment to:**

**Mail:** 3055 Alvarado Street, San Leandro, CA 94577 (Payable to "BABX")

**Email:** info@bayareabx.com

**Contact Us:** (510) 483-8880

<i>Only Office Use</i>		
Date:	QB MT:	Classified:
QB:	ONL DB:	CSLB Check:
Entrance Fee:	User Id & Password	New Member Rpt & Health Copy:
Dues:	e-Bulletin Contact:	Comments: