



2022 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: () _____ **Fax:** () _____

Company Web Site: _____ **Year Co. Founded** _____

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**

▪ Main reason for joining BABX? _____

▪ How did you hear about us? Internet: _____ Other: _____

2022 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.

Application Fee	\$100 ()
Annually	\$650 ()
Semi-Annual	\$350 ()

- Affiliate Member Dues:** Excludes Plan room & Workers Comp Discount Program.

Application Fee	\$ 50 ()
Annually	\$ 250 ()

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

CC Number: _____ Expiration Date: ___ / ___ 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:	Constant Contact:	Comments: