



Application for Associate Membership

Associate Member: Any individual, partnership, corporation, joint venture or other organization which is recognized by law as a business entity, who is presently substantially engaged in the business or profession which manufactures, performs, leases, sells, or otherwise provides products, materials, labor or services directly to those engaged in the business of constructing either single or multi family residential units for sale or rent in furtherance of that business, or who has previously been engaged in such business for a period of at least one (1) to (2) years.

*Thank you for your interest in joining the Shore Builders Association of Central New Jersey, Inc.
If you have questions while completing this application, please contact our office at (732) 364-2828*

COMPANY INFORMATION - All information is required. Incomplete applications will be returned.

(Once your application is approved, the contact information listed below will be included in the SBACNJ Online Membership Directory)

Company Name: _____

Type of Business: _____

Contact Name: _____ Title: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

Has Applicant/Principal filed for bankruptcy or had any foreclosures in the past 5 years? Yes No

Has your company ever operated under a different name? Yes No

If yes, please provide name(s): _____

*Are you currently a member of a local Builders Association in New Jersey? Yes No

If yes, please indicate which local association:

Community Builders Association Builders & Remodelers Association of Northern NJ Builders League of South Jersey

Have you ever been a member at another local within the past 5 years? Yes No

If yes, please provide name of local and reason for not renewing: _____

AMBASSADOR FOR HOUSING - key employee from your company who will distribute mobilization material within the company.

I will be the Ambassador for Housing Please list the following individual as the Ambassador for Housing:

Name: _____ Email: _____

REFERENCES - You must provide two Builders that you currently do business with.

REFERENCE 1:

Company Name: _____ Contact Name: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

REFERENCE 2:

Company Name: _____ Contact Name: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

SPONSOR

A sponsor is a current member of the Shore Builders Association of Central New Jersey, Inc. that discussed joining the Association with you. Please provide the name of the individual and company who referred/recommended your company for membership:

Name: _____ Company: _____

I do not have a sponsor.

If you do not have a sponsor, please tell us how you heard about the SBACNJ: _____

CODE OF ETHICS & MEMBERSHIP AGREEMENT

CODE OF ETHICS: Shore Builders Association of Central New Jersey, Inc. members believe and affirm that: home ownership should be affordable to every American family; every consumer is entitled to construction in accordance with generally accepted practices of the industry, whether of a residential, commercial, or industrial nature; and all development should be well designed to be in harmony with sound, environmental and community planning. To achieve these goals, we shall adhere to the following principles and practices: honesty, integrity and fair business practices are my guiding business policy; concern for the environment shall be built into all development and related services; providing quality construction, products and services consistent with the standards required by the Association and at reasonable cost to the consumer through encouragement of research and development of new construction materials, building techniques and products; We will, to the best of our ability, support all the programs, policies and activities of local, state and national associations.

I and/or my company undertake these responsibilities mindful that they are part of my obligation as a member of the Shore Builders Association of Central New Jersey, Inc. I acknowledge that by joining the Association, I am also a member of the New Jersey Builders Association (NJBA) and the National Association of Home Builders (NAHB). If the company's membership in the Association becomes inactive or is terminated for any reason, I agree to immediately discontinue use of any and all Association logos and insignias, as well as that of NJBA and NAHB.

MEMBERSHIP AGREEMENT: In order for your membership application to be processed, you must supply the information below.

The undersigned, upon acceptance of becoming a member of the Shore Builders Association of Central New Jersey, Inc., in addition to any other agreements and/or obligations which accrue as a result of my membership, hereby authorize the Shore Builders Association of Central New Jersey, Inc. to charge all amounts which are owed by me which remain outstanding in excess of NINETY (90) days to the following charge card:

AMEX VISA MASTERCARD

Account No. _____ Exp. Date _____

Name on Card: _____ Signature: _____

YOU MUST NOTIFY THE SBACNJ OFFICE IF YOUR CREDIT CARD CHANGES.

This authorization shall continue in effect for so long as I shall be a member of the Shore Builders Association of Central New Jersey, Inc. and for a period not to exceed sixty five (65) days after my membership shall cease for whatever reason.

Applicant Signature

Witness

Date

DUES PAYMENT INFORMATION

Annual Membership Dues (non-refundable upon membership approval) \$695

\$100 of your dues will be sent as a voluntary contribution to the NJBA Industry Defense Fund. SBACNJ dues payments may be deductible as an ordinary and necessary business expense, subject to exclusion for lobbying activity.

Gold Star Membership \$100 (A Gold Star Member voluntarily contributes \$100 to the Association. As a Gold Star member you will be listed in every issue of Bulletin Board magazine as a Gold Star Member as well as receive a gold magnetic name badge.

Enclosed is my check in the amount of \$_____ made payable to: SBACNJ

Please charge the credit card provided above in the amount of \$_____.

Mail completed applications to: SBACNJ, 190 Oberlin Ave North, Lakewood, NJ 08701 or fax to: (732) 905-2577