



Membership Application

APPLICANT: _____ **TITLE:** _____

COMPANY NAME: _____ **PHONE:** _____

BUSINESS ADDRESS: _____ **ALT. PHONE:** _____

_____ **FAX:** _____

TYPE OF BUSINESS: _____ **E-MAIL:** _____

WEB ADDRESS _____ **NUMBER OF EMPLOYEES:** _____

YEARS/EXPERIENCE IN RELATED FIELD: _____ **APPROXIMATE ANNUAL \$ VOLUME:** _____

MEMBERSHIP ANNUAL DUES: \$440.00

MEMBERSHIP CLASS: (Check one)

Home Builder

Remodeler

Associate Member (Includes: Architecture/Designer/Engineer, Banking, Insurance or Title Company, Legal Services, Marketing, Real Estate, Utilities, Wholesale and Retail Dealers/Distributors (appliances, building materials, floor coverings, paint/wall coverings, & other)

Affiliate (\$75 per year, additional person added to existing membership)

A Certificate of Liability Insurance must accompany application.

Builders/Remodelers, please select the approximate number of units built in last 12 months
0 Units ___ 1 to 10 Units___ 11 to 25 Units___ 26 to 100 Units___ Over 100 Units___

Upon acceptance into the Association, I will review and abide by the Constitution and by-Laws of the Fingerlakes Home Builders & Remodelers Association, the New York State Builders Association and the National Association of Home Builders. A remittance of \$ 425.00, representing my annual membership dues in these affiliated Associations, accompanies this application.

Sponsored By: _____ (Sponsoring Member Name) _____ (Signature of Applicant) _____ Date

Important Notice

Dues payments to FLHB&RA are not deductible as charitable contributions for federal income tax purposes. However, dues payments may be deductible as an ordinary and necessary business expense, subject to exclusion for lobby activity. **Because a portion of your dues will be used by NAHB and NYSBA, \$132.00 is not deductible for income tax purposes.**

Please return application with payment, code of ethics & copy of liability insurance to P.O. Box 155, Big Flats, NY 14814. Payment may be made by check or credit card.

Visa__ MC__ Discover__ AX__ **Credit Card Number** _____

Name on Card _____ **Billing Address** _____

Expiration Date _____ **Security Code** _____ **Amount to Be Billed \$** _____



Membership Application

WE PLEDGE TO:

CONDUCT our business operations in a manner that will reflect credit upon ourselves, the Finger Lakes Home Builders & Remodelers Association and the home building and remodeling industry.

COMPLY both in spirit and letter with rules and regulations prescribed by law and government agencies for the health, safety, and welfare of the community.

AVOID any statement or implication, which may be misleading or deceptive.

DESCRIBE accurately and honestly the price, materials, and standards of workmanship used in building or remodeling.

USE only materials and products equal to or exceeding the quality of those specified by the contract.

START the construction process as soon as feasible upon award of a contract and proceed diligently to completion of the project without unnecessary delays.

FAIRLY deal with our respective employees, subcontractors and suppliers.

COOPERATE with the Finger Lakes Home Builders & Remodelers Association in responding to and resolving complaints registered against my company or other Association members.

MEMBER PROCEDURE AGREEMENT

As a member of the Finger Lakes Home builders & Remodelers Association:

I **AGREE** to abide by the Bylaws, Rules, Procedures and Code of Ethics of the Finger Lakes Home Builders & Remodelers Association and to support our local, State and National Association.

I **AGREE** to abide by all applicable NYS Contract Laws and issue at least a one year limited warranty, or if applicable, abide by NYS Home Merchants Warranty Laws on all structures I construct, reconstruct or remodel.

I **AGREE** to use the insignia and materials designated by the Association under this program.

I **AGREE** to faithfully perform any and all written building/remodeling contracts I enter into. Further, I will comply with the Grievance Procedure established by this Association; abide by the results thereof and the decision on appeal of the Board of Directors.

I **AGREE** to waive any personal redress against or compensation from any member of the Association acting in good faith as a member of the Board of Directors, the investigation team of the hearing panel, for all activities taken by them on their respective capacities including, but not limited to their actions in the grievance procedure adopted by the Association.

I **AGREE** to discontinue the use of all Association insignia and materials if for any reason at any time I am deemed not to be a member in good standing.

Member Signature

Date