



Firm Name _____

Business Address _____ City _____ State _____ Zip _____

Phone (____) _____ Fax(____) _____

Primary Contact _____ Title _____ Email _____

Additional Contact _____ Title _____ Email _____

V.P. Acquisition _____ Email _____

Project Manager _____ Email _____

Human Resource Contact _____ Email _____

Web address _____

► How do you want us to communicate with you? Mail Fax Email

Check here if you **Do Not** wish to receive notices and association-related advertisements by facsimile.

Check here if you **Do Not** wish to receive notices and association-related advertisements by email.

What Other Associations/Organizations Do You Belong _____

Write In the Primary Chapter You Are Joining _____

(Check duplicate chapters you wish to join – **separate fee applies**)

Baldy View Los Angeles/Ventura Orange County Riverside County

MEMBERSHIP CATEGORIES – (Check applicable one)

Builder Member: Any individual, firm or corporation who is licensed by the State of California to do business as a general building contractor (B-1 License) or as a general engineering contractor (A License) or an owner-builder, land developer, or project developer.

Associate Member: Any eligible person, firm or corporation who is licensed to do business as a specialty contractor by the State of California, or who is a lending institution, architect, designer, engineer, supplier, distributor, manufacturer, publication, or any other person or entity directly or indirectly connected with the building industry.

BUILDERS ONLY:

Annual Volume of Construction/Development (Circle One)

1) Under \$1 Million 2) \$1 million to \$5 million 3) \$5 million to \$10 million 4) \$10 million to \$20 million

5) \$20 million to \$50 million 6) \$50 million to \$75 million 7) Over \$75 million

Annual Number of Residential Dwelling Units (Circle One)

1) 0 Units 2) 1 to 10 Units 3) 11 to 25 Units 4) 26 to 100 Units 5) 101 to 500 Units 6) Over 500 Units

Do you do FHA Housing? Yes No

ALL APPLICANTS – PLEASE COMPLETE

1) Please provide below a one-line description of your business or specialty: _____

2) Total Number of Permanent Full Time Employees _____

3) Labor Coverage (If applicable, please list Union Agreements to which you are signatory): _____



4) General or Specialty Licenses/State Contractors License: _____

Classification: _____ Date Issued/Exp Date: _____

5) NAHB Occupational Codes (select from attached sheet) 1) _____ 2) _____ 3) _____

6) BIASC Business Codes (select from attached sheet) 1) _____ 2) _____ 3) _____

BIA Member who recommended your company for membership:

Name _____ Company _____

PAYMENT

▶ Please call _____ for your BIA membership dues level.

Payments may be made by check or credit card.

Send this form with a check for \$ _____, or fax this form and pay by credit card.

Make checks payable to BIASC – Send application and payments to:

BIASC

17744 Sky Park Circle, Suite 170

Ph: (949) 553-9500

Irvine, CA 92614

Fax: (949) 769-8943

I will be paying with: VISA Mastercard American Express Discover

Cardholder Name (please print) _____

Credit Card # _____ Digits on reverse side of card _____ Expiration _____

Cardholder Signature _____ Billing Zip Code _____

▶ *Credit card payments must include signature and billing zip code to be processed.*

The company, by authority of the undersigned, agrees to comply with the Building Industry Association of Southern California bylaws, policies and Code of Conduct to which this membership application is directed.

Applicant Signature _____ Date _____

Print Name _____ Title _____

Dues payments to BIASC are not deductible as charitable contributions for federal income tax purposes. However, all payments may be tax deductible as ordinary and necessary business expenses subject to an exclusion for lobbying activities. **Please note: Dues are non-refundable after the application is approved and processed for membership. BIASC Tax ID# 95-2507082**

For BIA Office Use Only:

Ck# _____

Code _____

Processed _____