



Home Builders Association of Fargo-Moorhead

1802 32nd Avenue South

Fargo, ND 58103 • Phone: (701) 232-5846 • Fax: (701) 280-1108

HBA of F-M Membership Application

The HBA:

- offers a wealth of benefits for you and your company.
- helps put a professional face on your building industry.

As a **nonmember**, your business constantly reaps the benefits of these HBA focus points:

- Federal, State & Local Government Relations •
- Flooding Issues • Housing Incentives and Barriers •
- Special Assessments • Building Code Changes •
- Land Development Code Changes • Comprehensive Plan Changes •
- Skilled Workforce Development • Industry Community Service •

Imagine what we can do for you once you become a **member**!

✓ Legislative Voice

✓ Membership on State & National Levels

✓ Insurance & Employee Benefits

- Health Insurance Plan
- Employee Assistance Program
- Flexible Benefits Plan
- Contractors Insurance

✓ Opportunity for Market Exposure

- Home & Garden Show
- Fall Home Show
- Parade of Homes
- Membership Directory & Buyer's Guide
- Member Magazine - Plains Builder
- Website Listing
- Website Links

✓ Networking & Social Events

- Golf Outing
- Membership Meetings
- Remodelors Council
- Committee Meetings
- Builder Appreciation Picnic

✓ Office Services

- Conference Room
- Drop-Off Point
- Fax and Copier
- Mailing Labels
- Notary Public
- Scanner

✓ Construction Related Library

✓ CareerFargoMoorhead/Job Bank



MISSION STATEMENT:

The mission of the Home Builders Association of Fargo-Moorhead is to provide quality services, benefits, and education to our members and the community. Striving to be a visible and proactive influence, the association represents the collective interests of the home building industry.

Membership in the Home Builders Association of Fargo-Moorhead includes membership in the National Association of Home Builders and the North Dakota Association of Builders.

The following is information to consider before becoming an HBA member. Please read carefully.

AUTHORITY STATEMENT

Home Builders Association of Fargo-Moorhead has reserved to itself the sole and absolute right to determine qualification for membership, and to change the criteria from time to time, and at any time, and in any circumstance; and granted to its Board of Directors sole and unequivocal authority and discretion to evaluate applicants and to determine if an applicant qualifies for membership. Under certain circumstances, the Board may consider a second, amended application, request for personal appearance, or additional references but the Board's decision on an application for membership is final.

Membership is not guaranteed. Applicants are entitled to HBA benefit programs only upon approval of membership. The membership approval process may take up to 60 days.

The National Association of Home Builders designates the territory for all local HBA's. Therefore, the HBA of F-M actively recruits membership in the following areas: Barnes, Cass, Dickey, LaMoure, Ransom, Richland, Sargent, or Traill counties in North Dakota, or Clay county in Minnesota. Members of the HBA who are employers may be eligible for health coverage under the Fargo-Moorhead Home Builders Health Plan and Trust, provided they are located in the counties listed above, plus Foster, Griggs, Stutsman counties in North Dakota, and Norman or Wilkin counties in Minnesota.

2012 dues payments to the Home Builders Association of Fargo-Moorhead 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 an exclusion for lobbying activity. Because a portion of your dues is used for lobbying by NAHB, NDAB and HBA of F-M, the following portion is not deductible for Builder and Associate members: 13.16% of the total dues or \$59.22. Remodelers Council members: 14.14% of the total dues or \$7.07. Affiliate members: 10.23% of the total dues or \$3.07.

HBA of F-M Membership Application

Please complete this application, **front and back. Attach a check for \$450** (payable to Home Builders Association of F-M) for your first year's dues and return to HBA of F-M, 1802 32nd Avenue South, Fargo, ND 58103:

Note: Certificates of insurance for workers compensation and general liability must be attached.

General Company Information

Company: _____
(Must be legal name or DBA. HBA bylaws allow one company per membership)

Main Contact: _____ Title: _____

Street/City Address (required): _____
(Street, City, State, Zip)

Mail/City Address (if different from above): _____ County: _____
(P.O. Box/Street, City, State, Zip)

Phone: _____ Mobile: _____ Fax: _____

Years in business: _____ Website: _____ E-mail: _____

Trade license or contractors # ND: _____ MN: _____

____ (initial) I understand that by providing the fax number(s) and e-mail address above and initialing this form, on behalf of my company/organization specified, I consent to receive faxes and e-mails sent by or on behalf of the National Association of Home Builders, and the affiliated state and local HBAs of which I am also a member. I further represent that I am authorized to give this consent on behalf of my company/organization.

Are you a Builder or an Associate?

Based on quarterly permit reports, the HBA may elect to change your membership category.

Builder Member

(If you take out mostly residential building permits)

Associate Member

(If you do not take out permits)

Please choose a classification for your company based on the enclosed list (if you choose more than one classification you will be charged \$30 per listing, in the fall when we print the new HBA Membership Directory and Buyer's Guide):

List all individuals actively involved in the financial and contractual management of the company who are able to bind the company legally. (Attach additional pages if necessary.)

Name _____

Title _____

Name _____

Title _____

Name _____

Title _____

Do any of the persons listed have an unsatisfied or undischarged civil judgments against him/her related to business activities?

Yes No* If yes, please attach an explanation to this application.

In the last ten years, have any of the persons listed above been convicted of a crime related to or against members of the building industry or which evidences a lack of moral character or business honesty?

Yes No* If yes, please attach an explanation to this application.

*This does not necessarily disqualify you for membership with the HBA of F-M.

Signatures

Applicant hereby authorizes local HBA to conduct such investigation of applicant's activities, make such inquiries and obtain credit reports as may be necessary for determination of applicant's financial stability and record of dealing with buyers. Applicant directs all credit reporting agencies, bank, supplier, and subcontractor references and any other knowledgeable source to make available information it may possess regarding undersigned applicant.

Applicant's Signature _____

Date _____

I agree to abide by the Bylaws and Code of Ethics (see front page flap) of the Home Builders Association of Fargo-Moorhead, the North Dakota Association of Builders and the National Association of Home Builders. I have enclosed my first year's dues.

Applicant's Signature _____

Date _____

I agree to sponsor* and recommend this applicant company to be accepted as a member of the Home Builders Association of Fargo-Moorhead.

Sponsor's Signature _____

Company _____

Date _____

*Applicant sponsor must be a current member of the HBA of F-M

HBA References (existing members)

(two required in order for application to be considered)

Company Name Contact Name

City/State Phone

Company Name Contact Name

City/State Phone

Questions to determine eligibility for Health Plan

- 1. What state is your company domiciled in?
a.) If in ND:
Do you have any locations outside ND?
Are there other (multiple) locations in ND?
b.) How many employees in ND? Other states?
2. If outside of ND: is this ND location a wholly-owned subsidiary or a franchise?

Questions used to report the economic impact in our community by HBA members.

- 1. Total number of paid employees of your firm and all affiliated firms including yourself:
2. Check one indicating your annual dollar amount of construction-related business. Please check whichever most closely applies.
3. Please check one indicating number of residential dwelling units your firm builds each year:

Candidate Questions

List three other companies you have worked with in the home building industry.

- 1.
2.
3.

1. What is your purpose for joining the Association?

2. What is your business' direct role in the home building industry?

3. What do you plan on doing to give back to your industry and contribute to the HBA of F-M (activities, interests)?

4. What would you like to see YOUR association do to meet your expectations?