



**Southern California Builders Association for Membership
Application for Membership**

Date _____

(Please type or print)

To the Board/ Directors/Membership Committee: I/We do hereby make application to be a member of the Southern California Builders Association. If accepted, I/we will be eligible to receive services and benefits offered by this Association.

CompanyName _____

Business Address _____

City _____ Zip Code _____

Name of Company Contact _____

Mailing Address (if different) _____

City _____ Zip Code _____

Phone _____ Fax _____ Email _____

Contractor's License # _____ Classification Codes(type of license) _____

Number of Employees _____ Years in Business _____

MEMBERSHIP

Auxiliary Membership: Fees are \$100 per yr. An Auxiliary Member shall not be entitled to vote, hold office in the association or have any other privileges except as expressly determined by the Board of Directors. In order to be an Auxiliary Member you must (1) Be a licensed contractor

MEMBERSHIPS ARE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:

1. Membership shall be for one year.
 2. This application is subject to the approval of the Membership Committee and the Board of Directors.
- (Please sign)**

Are You? Gen Cont Sub Cont Eng Cont Mfg Supplier Other _____

Listing Category (Heading in Directory) _____

Commercial Residential Public Works TI Commercial Home Improvement

Which of the following are you interested in? Legislative Information Safety Seminars

Member Services: Health Insurance Liability Insurance Other _____

Would you like to receive information on advertising in our newsletter? Yes No

Additional Comments _____

Applicant's Name (Type or print) _____

Applicant's Signature _____