

# Application for Membership\*

Representative \_\_\_\_\_ Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Web Address - www. \_\_\_\_\_ (For internal communication purposes only)  
# of Employees \_\_\_\_\_  
Sponsor: \_\_\_\_\_ Employer Identification #/SSN\* \_\_\_\_\_  
Description of Business: \_\_\_\_\_

\*All applicants will be subject to a background check by SafeGuard. Please see next page for details.

## Membership Classification

- Builder Member \$600 = annual investment + \$95 background check (one-time)
- Associate Member \$500 = annual investment
- Financial Institution \$600 = annual investment

## Membership Signature

A remittance of the amount, in accordance with the above marked classification, representing my annual membership investment and application fee for the Medina County Home Builders Association (MCHBA) accompanies this application. With this payment, I understand my investment will also cover annual membership in the National Association of Home Builders and the Ohio Home Builders Association. I agree to abide by the Bylaws of all three of these Associations.



Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Investment payments to the MCHBA are NOT deductible as charitable contributions for Federal Tax purposes. A portion of the investment is deductible as a business expense. You can contact our office for the amount that will not be deductible due to the funds being allocated to lobbying activities by the NAHB, OHBA and MCHBA.

## Method of Payment

- Cash/Check (Make check payable to MCHBA) Check # \_\_\_\_\_
- Credit Card – VISA / MasterCard (circle one)  
Card Holder Name: \_\_\_\_\_  
Card Number: \_\_\_\_\_ 3-digit Code: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(By signing this, I authorize the investment payment noted above to be charged to my credit card)

- Please check here if you DO NOT wish to have your email address in the various MCHBA publications.

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FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_



**Membership Background Check & Application - BUILDERS ONLY**

Membership Investment:

Builder (\$600) \_\_\_\_\_ + Background check (\$95 - includes standard background, judgements, liens, bankruptcy & civil court actions)

Individual Name: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Individual's SSN: \_\_\_\_\_

Individual's DOB: \_\_\_\_\_

You may have the MCHBA handle your background check or you can work directly with SafeGuard. You must pay the above noted fee and sign the applicable authorization(s) for such background check. Any violation of the Standards of Conduct of the MCHBA or any pending or completed proceedings that would disqualify the applicant from obtaining a Concealed Carry license in the State of Ohio shall be grounds for disqualification for membership in the MCHBA. The law states that you must not be under indictment, be charged with, or convicted of any felony. You also must not be under indictment, charged with, or convicted of an offense that involves trafficking in drugs, a misdemeanor offense of violence, or negligent assault. In addition, you must not have been convicted, pleaded guilty, or been adjudicated as delinquent in connection with a crime that involves the illegal use, sale, possession, administration, distribution, or trafficking of a drug of abuse. You cannot have been convicted, pleaded guilty, or been adjudicated as delinquent for assaulting a peace officer. You must not have been convicted, pleaded guilty, or been adjudicated as delinquent in connection with a misdemeanor offense of violence. You must not have been convicted, pleaded guilty, or been adjudicated as delinquent in connection with two or more assaults or negligent assaults. You must not have been convicted, pleaded guilty, or adjudicated as delinquent in connection with resisting arrest. You must not be under indictment, be charged with, or convicted of any type of sexual crime.

**Officers**

Check one of the following for the list of names below \_\_\_ Officers \_\_\_ Partners \_\_\_ Proprietor

Name: \_\_\_\_\_ Title: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Membership References**

Please list trade references

1. Company / Contact Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

2. Company / Contact Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

3. Company / Contact Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

By signing below, in consideration for membership, I hereby give the Medina County Home Builders Association (MCHBA) consent to obtain any and all information concerning my business and personal information and any other information which MCHBA may require in connection with this membership application. All membership applications are accepted on the basis of applicant complying with our membership bylaws.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature \_\_\_\_\_