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## **Application for Membership**

3 in 1 Membership -- This member application will also register you with NYSBA and NAHB

### **General Information**

- Applications are reviewed by the Membership committee and submitted at the monthly Board of Directors Meeting for final approval. Application time is approximately 30-60 days.
- One time non-refundable application fee of \$50 must be submitted upon application.
- Check for membership dues must be submitted upon application. (2 separate checks please)
- Proof of insurance coverage, general liability and worker's compensation, if required by NY State, or waiver, must be submitted with application.
- Copy of your DBA or certificate of incorporation.

*Please print clearly*

### **Principal Applicant information only:**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Business address: \_\_\_\_\_  
(If PO Box, please give actual address )

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

e-mail: \_\_\_\_\_ website: \_\_\_\_\_

Primary business: \_\_\_\_\_

Business Entity: Corporation:\_\_\_\_\_ Federal ID# \_\_\_\_\_

Date of Incorporation or partnership: \_\_\_\_\_

Partnership:\_\_\_\_\_ LLC:\_\_\_\_\_ Sole Proprietor:\_\_\_\_\_ Social Security # \_\_\_\_\_

No. of Employees (Annual Average): Full time:\_\_\_\_\_ Part time:\_\_\_\_\_

("Employees" include all officers of a corporation, partners, and the owner of a sole proprietorship)

Number of years in business under this name \_\_\_\_\_

Number of years involved in building trade \_\_\_\_\_

(Describe relationship to building industry if more than years in business)

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**References:**

Please acknowledge by initialing:

\_\_\_\_ I give my permission for the HBR of CNY to run a mandatory credit report upon filing for membership. (Builder applicants only)

\_\_\_\_ I give my permission for the HBR of CNY to check the references listed below.

\_\_\_\_ Have you filed for any bankruptcy action in the past seven years under this business name? YES or NO

\_\_\_\_ Under any other business name, YES or NO

If yes, name of that company: \_\_\_\_\_

\_\_\_\_ Applicant certifies that no principal of the business under which applicant operates (identified above) has been disciplined by or expelled from the Association.

If yes: Please explain \_\_\_\_\_

**HBR Members**

Company Name \_\_\_\_\_

Contact \_\_\_\_\_ phone \_\_\_\_\_

Company Name \_\_\_\_\_

Contact \_\_\_\_\_ phone \_\_\_\_\_

Company Name \_\_\_\_\_

Contact \_\_\_\_\_ phone \_\_\_\_\_

**Non HBR members**

Company Name \_\_\_\_\_  
Contact \_\_\_\_\_ phone \_\_\_\_\_

Company Name \_\_\_\_\_  
Contact \_\_\_\_\_ phone \_\_\_\_\_

**Suppliers**

Company Name \_\_\_\_\_  
Contact \_\_\_\_\_ phone \_\_\_\_\_

Company Name \_\_\_\_\_  
Contact \_\_\_\_\_ phone \_\_\_\_\_

Company Name \_\_\_\_\_  
Contact \_\_\_\_\_ phone \_\_\_\_\_

**Business / Bank / Finance Agency**

Bank Name: \_\_\_\_\_ Branch \_\_\_\_\_  
Contact: \_\_\_\_\_ phone \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch \_\_\_\_\_  
Contact: \_\_\_\_\_ phone \_\_\_\_\_

**Customer Reference :**

Do you belong to any of the following, please check all that apply

- \_\_\_\_\_ The National Kitchen & Bathroom Association (NKBA)
- \_\_\_\_\_ Chamber of Commerce - Which location \_\_\_\_\_
- \_\_\_\_\_ Better Business Bureau - Have you had any complaints filed against you within the last five years to the Better Business Bureau?
- \_\_\_\_\_ National Association of Remodeling Industry ( NARI )
- \_\_\_\_\_ Any other Home Builder Association affiliate \_\_\_\_\_
- \_\_\_\_\_ Other

**Categories of Membership**

Builder \$590

Remodeler \$590

Developer \$ 590

Installed Sales & Service \$510

Craftsman \$ 510

Associate \$510

(note: Builder Membership is for companies whose primary business is NEW home construction. The business owner must agree to use the HBR standards of performance program if membership is granted.)

**Builder members only:**

Total units built in the past two years under this business name \_\_\_\_\_

Total units sold in the past two years under this business name \_\_\_\_\_

I am presently building in (subdivision, off site location)

\_\_\_\_\_

**Remoderlers only:**

Principal type of work: \_\_\_\_\_

3 job references: Name/ address/ phone/ date of project

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

# Qualifications for Membership

Using the occupation codes listed below; place select the category that best suits your business.

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

**Builder Member Classification**

- A Single Family Spec/Tract Building
- B1 Single Family General Contracting
- B2 Single Family Custom Building
- C Multifamily Building (Condo/Coop Units)
- D Multifamily Building/Ownership
- F Remodeling - Residential
- G Remodeling - Commercial
- H Commercial Building (Own Account)
- I Commercial General Contracting
- J Land Development
- K Manufacturing of Modular/Panelized/
- E Multifamily General Contracting  
Log Homes

**Associate Member Classification**

- L Accounting
- M1 Architecture
- M2 Engineering
- M3 Planner or Designing
- N Products and Services
- P1 Commercial Banking/Thrift Institution
- P2 Mortgage Banking
- Q Insurance or Title Company
- R Marketing, Advertising or Public Relations
- S Building Material Manufacturing
- T Property Legal Services
- O Computer Management
- U Real Estate
- Y Utilities
- Z Other (specify)

**Subcontractors and**

**Specialty Trade Contractors**

- W1 Carpentry Work
- W2 Electrical Work
- W3 Masonry, Stone Work, Tile Setting
- W4 Landscaping
- W6 Roofing, Siding & Sheet Metal
- W7 Painting and Paper Hanging
- W8 Floor Laying and Other Floor Work
- W9 Concrete Work
- WA Excavation Work
- WC Land Surveyor
- W5 Plumbing, Heating & A/C
- WD Security Systems
- WZ Other Subcontractor (specify)

**Wholesale Dealers/Distributor**

- X1 Appliances
- X2 Building Materials/Lumber
- X3 Floor Coverings
- X4 Paint/Wall Coverings
- X5 Other Wholesale Dealership (specify)

**Retail Dealers/Distributor**

- V1 Appliances
- V2 Building Materials/Lumber
- V3 Floor Coverings
- V4 Paint/Wall Coverings
- V5 Other Retail Dealership (specify)

Is the principle business of your company the building or remodeling of residential property? \_\_\_\_\_

Do you develop land? \_\_\_\_\_

If no, has your company or predecessor to your company, built or remodeled residential property in the last three years? \_\_\_\_\_

## Conditions of Membership

Notwithstanding any option given to the applicant under this application the Board of Directors of the Association shall have the absolute discretion to determine from the information provided in this application the category of membership for which the applicant qualifies.

If the applicant is approved for membership the applicant agrees to abide by the Constitution and By-Laws (and all amendments thereto) of the HOME BUILDERS AND REMODELERS OF CENTRAL NEW YORK, INC., every member must attend within one year from origination of membership the orientation program offered by HBR of CNY. In the event membership in the Association is terminated, the applicant/member agrees to discontinue immediately the use of the Association's name, (HBR of CNY, NYSBA, and /or NAHB), emblem/logo/symbols, contract/documents, performance standards and limited warranty in any form, and return any unused Home Builder Association document(s) for any appropriate refund.

Please initial that you agree to the following:

\_\_\_\_\_ I have received, read, and understand the Code of Ethics and By-Laws of the Home Builders & Remodelers of CNY

\_\_\_\_\_ I agree to abide by the Code of Ethics and by-laws of the Home Builders & Remodelers of CNY

\_\_\_\_\_ I further agree to abide by the Code of Ethics of the National Association of Home Builders (NAHB), and the New York State Builders Association (NYSBA) with which we are affiliated.

Builder members only:

\_\_\_\_\_ I have reviewed the HBR of CNY 's, "Standard of Performance and Supplement to Contact" booklet and agree to adhere by these standards in my business.

Applicant is individually responsible to the Association for all obligations incurred by applicant or the business under which it operates.

The applicant certifies that the information contained herein is correct to his/her present knowledge, and acknowledges that he/she has read the condition of membership and agrees to abide by them.

Signature of

Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Sponsors: (Original signatures required)

Builder applicants MUST have HBR BUILDER sponsor. Remodeler applicants MUST have a HBR BUILDER OR REMODELER sponsor. Associate applicants may have any HBR member sponsor.

Company Name: \_\_\_\_\_

Sponsor Name: (please print) \_\_\_\_\_ phone # \_\_\_\_\_

Signature of Sponsor \_\_\_\_\_

Company Name: \_\_\_\_\_

Sponsor Name: (please print) \_\_\_\_\_ phone # \_\_\_\_\_

Signature of Sponsor \_\_\_\_\_

I \_\_\_\_\_ hereby agree that I sponsor the applicant and agree to be a liason between this new member and the HBR of CNY for 1 year after application. I also acknowledge that I have reviewed the application and would recommend this applicant for membership.

- Annual membership renewals are subject to Board of Directors and Membership committee approval.