



# Buckeye Frame Building Association

## Membership Application

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

Mailing Address \_\_\_\_\_

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

Billing Address if different from above \_\_\_\_\_

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

**DESIGNATED REPRESENTATIVE (casts company vote):**

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

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_ URL: \_\_\_\_\_

**TYPE OF BUSINESS: (circle as many as apply):**

Building Sales Construction      Design/Material Supply      Equipment Supply

Other (specify) \_\_\_\_\_

**TYPE OF MEMBERSHIP FOR WHICH YOU ARE APPLYING: ( check one ):**

**MEMBER:**

Proprietorship, partnership or corporation which sells and constructs frame buildings within the State of Ohio.

Has full voting powers      Annual Dues of \$125.00      [   ]

**ASSOCIATE MEMBER:**

Proprietorship, partnership or corporation which is involved in service and/or materials and equipment supply to the industry within the State of Ohio

Has full voting powers      Annual Dues of \$125.00      [   ]

**AFFILIATE MEMBER:**

A person associated with a member or associate member of the Association . Receives all newsletters and other mailings.

Has no voting powers      Annual Dues of \$50.00      [   ]

*Please Make Checks Payable to BFBA or Provide Credit Card Information Below*

Credit Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ CSV \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature \_\_\_\_\_

**RETURN TO: 7250 Poe Ave., Suite 410, Dayton, OH 45414 or FAX: 937-278-0317**