



For BANCf Staff
 Date Received: _____
 BOD Approved: _____
 MZ WEB WMS

2023 MEMBERSHIP APPLICATION

Company Name: _____ Main Phone: _____
 Primary Rep: _____ Phone: _____ Email: _____
 Billing Rep: _____ Phone: _____ Email: _____
 Additional Representatives: _____

Physical Address: _____ Mailing Address: _____
 City: _____ State: _____ Zip: _____ Website: _____
 Name as it appears on license #: _____ License #: _____
 DBPR Occupational License # _____ Years in Business: _____
 Counties Work In: _____ # of Employees: _____

DUES CATEGORIES:

- Associate Dues: \$775 Type of Business: _____
 (Associates are non-builders. Associates are subcontractors, realtors, retail, bankers, etc)
- | | | | |
|--|-------------|--------------------------|---|
| <input type="checkbox"/> Builder Dues: | <u>Dues</u> | <u>Membership Type</u> | <u>Description</u> |
| <input type="checkbox"/> | \$885 | Builder/Developer Tier 1 | 0-9 Homes or Lots per year and/or Under \$2M per year |
| <input type="checkbox"/> | \$1015 | Builder/Developer Tier 2 | 10-24 Homes or Lots per year and/or \$2-\$5M per year |
| <input type="checkbox"/> | \$1335 | Builder/Developer Tier 3 | 25-49 Homes or Lots per year and/or \$6-\$10M per year |
| <input type="checkbox"/> | \$1875 | Builder/Developer Tier 4 | 50+ Homes or Lots per year and/or over \$10M per year |

PAYMENT OPTIONS:

- Full Amount for Year: \$ _____ Check Credit Pay Online
 3-Month Payment Plan: Check Credit

	1st Month	2nd Month	3rd Month
Associate	\$375	\$200	\$200
Builders -Tier 1	\$375	\$260	\$250

By selecting the 3-Month Pay Plan Option, I authorize the Builders Association of North Central Florida to charge my account over three (3) consecutive months at the rates shown. I understand it is my responsibility to update my credit card information as necessary to maintain a valid credit card account and agree to pay all payments in legal tender in the event of expiration or cancellation of my credit card.

CHECK # _____ OR CREDIT CARD (Fill out below)

Name as Printed on Card: _____ Visa MasterCard Amex

Card #: _____ Exp Date: _____ CVV: _____

Card Billing Address: _____ City: _____ State: _____

Card Billing Zip Code: _____ Signature of Cardholder: _____



CATEGORIES FOR DIRECTORY: (Your company can be listed under 3 categories in the online Membership Directory. Please visit [our website](#) to determine which categories you prefer or [request](#) a new category.)

1. _____ 2. _____ 3: _____

INDUSTRY ADVOCACY FUND:

The BANCF Industry Advocacy Fund is used to protect our ability to do business and is made possible by our Benefactors who contribute from \$500 to \$10,000 every year in addition to their annual dues. Benefactors receive special recognition at all events and on the BANCF website.

- Yes, I would like to make a contribution to the Industry Advocacy Fund.
 - \$500 Bronze \$1000 Silver \$2,500 Gold \$5,000 Platinum Other: _____
 - Check Credit (Use payment info already supplied)

REASONING FOR JOINING: (Please check all that apply)

- Increase Business Local Networking Support our Industry in Government Member Discounts
- Apprenticeship Parade of Homes Educational/Training Opportunities Membership Meetings
- Horseshoe Tournament Fishing Tournament Golf Tournament Silent Auction Banquet
- Commercial Builders Council A Member Asked Me Other: _____

PREFEPPED METHOD OF CONTACT: (Please check all that apply)

- Primary Rep: Email Phone Text Other: _____
- Billing Rep: Email Phone Text Other: _____
- Rep: _____ Email Phone Text Other: _____
- Rep: _____ Email Phone Text Other: _____
- Rep: _____ Email Phone Text Other: _____

MEMBERSHIP AGREEMENT:

I (we) hereby make an application for membership in the Builders Association of North Central Florida (BANCF) on the basis of the foregoing statements. By signing this agreement, authorization is given to the BANCF to check all references and my credit standing.

I agree to abide by the Constitution and By-Laws and all amendments thereof and the Code of Ethics of this Association, the National Association of Home Builders, and the Florida Home Builders Association and all policies as set by the BANCF Board of Directors. In the event of termination of membership, I agree to pay all dues and indebtedness due BANCF and immediately discontinue use of the BANCF logo or insignia in any form. I understand that acceptance of this application does not constitute membership until approved by the Board of Directors in accordance with the by-laws. I understand that the Board of Directors has the authority and discretion to reject my application and is under no obligation to disclose or inform me of the basis for the rejection. (Applicant will be notified in writing upon action of the Board of Directors.) I fully understand and agree to the provision that my membership will not be official and will not be registered with the National Association of Home Builders and Florida Home Builders Association until such time as my dues are paid in full or I have entered into a Payment Plan agreement.

Signature _____
Date

Recruited by: _____