

Carbon Builders Association

P.O. Box 218, 490 Ore Street, Bowmanstown, PA 18030 (610) 379-1099

E-mail: carbbld@ptd.net www.carbonbuilders.com

2024 Application for Membership

Company Name:				_
Contact/Principals/Owne	rs/Partners	Title:		
E-mail Address:				
Business Contact		Tit	:le:	
Phone #:	Fax #:	Cell Phone	# :	<u>—</u>
Company Website:		Contact		_
Business Address:				
FED ID#	Street E-mail Address:	City	State PA HIC #	Zip
-	anufacturer or any other voca	•		nde (i.e., subcontractor, supplier roviding services to those in the
l Corporation	l Partnership	l Sole Pro	orietorship	
		References	<u>i</u>	
Bank:	Conta	act:	Phone #:	
Customers: (name, addre	ess, telephone number)			
2)				
The primary business of y	our firm is (please check only o	ne):		
l Architoctura	al Eirm Architactural Engineerin	a Eirm or Archi	tact Engineer Designer of	Homos Consultant

- Architectural Firm, Architectural Engineering Firm, or Architect Engineer Designer of Homes, Consultant, Environmental, Consultant.
- Builder, Builder Developer, General Contractor or Remodeler Engaged in Building Activities
- I Dealer/Wholesale Building Materials
- Dealer/Retailer Lumber, Building Material, Equipment or Tools or Mobile Homes
- I Financial Organization (such as, Savings & Loan Association, Commercial or Mutual Savings Bank, Mortgage or Insurance Company)
- I Manufacturer of Building Components

Rev. 12/2023

1 1	Manufacturer of Mobile Hon Real Estate	es or Modular Homes or Section Homes
İ	Sub Contractor - Specify you	trade:
ı		ayroll Company
Date of inco		s? itious name ffices?
Have any pr last 7 years?	-	ouses been involved in a bankruptcy or had their professional license revoked within the
		If yes, please provide full details on your letterhead.
		Acknowledgement
membership agree to abi State law ma To retain me	o application is directed, and o de by Federal and State Laws a ay be grounds for denial of me embership status, all Carbon B	-Laws of the Local Association and the Pennsylvania Builders Association to which this the National Association of Home Builders of the United States with which it is affiliated. I s they are applicable to my business. I understand that non-compliance with Federal or mbership. uilders Association members must abide by the following Code of Ethics: uilding Codes, as enacted by the Commonwealth of Pennsylvania.
_	gree to use written contracts a cations accurately and honest	nd change orders as required by Pennsylvania State Law and describe all prices and y.
• lag	gree to use materials equal to	or exceeding the quality of those specified on the contract.
_	gree to start the construction poject without unnecessary del	rocess as soon as feasible upon award of contract and proceed diligently to completion of ys.
_	gree to promptly acknowledge rame on products supplied by	and rectify obvious defects in products, materials, and workmanship within a reasonable contractors.
genera by the	ally accepted practice in the in	that is acceptable to my creditors, suppliers, and subcontractors which conforms to the dustry. If I have employees, I agree to carry workers' compensation insurance as required ree to carry a proper amount of liability and property insurance as required by
registr require	ation number to the Carbon B	vement Consumer Protection Act (www.attorneygeneral.gov), I will provide my uilders Association. I will maintain my registration with the Commonwealth of PA as mprovement Consumer Protection Act. Failure to do so may result in non-renewal of
standards of membership	f service in the building indust	bon Builders Association has been adopted to promote and maintain the highest y and conduct among its members. Adherence to these standards is required for to assure public confidence in the integrity and service of the Carbon Builders Association
Date:		Signature of Applicant: Print Name of Applicant:
Applicant Sp	oonsored by:	(name of association member)
A remittance	e of \$530 is enclosed re	presenting my annual dues. Please include with your check the signed application, dated

and signed Code of Ethics, Certificate of Insurance indicating Workmen's Compensation or General Liability Insurance. If you wish to use VISA or MasterCard to pay for your membership, contact the office or complete the enclosed form. Mail to address above.