

List professional or trade organizations: _____

What distance from your office do you generally seek business? _____ miles

Give full names and addresses of all officers in firm:

Company and policy number of general liability insurance - _____

Company and policy number of Worker's Compensation insurance - _____

CERTIFICATE OF LIABILITY INSURANCE AND PROOF OF WORKER'S COMPENSATION MUST
ACCOMPANY THIS APPLICATION.

Have your agent fax certs to 610-323-5317. Thank you.

SPONSOR: *I hereby attest to the applicant's qualifications for membership in our Exchange. To the best of my judgment, the applicant would be an asset to the association. I have known the applicant for _____ years. I take pleasure in submitting this applicant to the membership committee for consideration.*

Date: _____ Signed _____

Print Name: _____ Company: _____

APPLICANT: *I hereby apply for membership in the Building Industries Exchange and acknowledge receipt of the by-laws and its amendments as issued from time to time. I understand and agree to abide by all of the provisions contained therein including those sections dealing with the Building Industries Exchange's internal quality assurance mechanisms.*

Date: _____ Signed _____

AMOUNT OF ENTRANCE FEE and MEMBERSHIP DUES being submitted \$ _____

Method of Payment: _____ Check _____ VISA _____ MasterCard

Account Number: _____ Expiration Date: _____

Signature of Authorized credit card user: _____

THE BUILDING INDUSTRIES EXCHANGE

OF POTTSTOWN & VICINITY, INC.

801 NORTH CHARLOTTE STREET, POTTSTOWN, PA 19464

PHONE: (610)323-1700 FAX: (610) 323-5317

Visit us at <http://www.pottstownbie.org>



For Quality, Performance & Craftsmanship ...

THE PUBLIC TRUSTS THE B.I.E.

APPLICATION FOR MEMBERSHIP

The Building Industries Exchange of Pottstown and Vicinity, Inc. (BIE) is ...

... a non-profit trade association founded in 1952 for the purpose of promoting integrity within the construction trades in the greater Pottstown area.

BIE affiliation implies that a company is committed to standing behind its work.

The BIE is affiliated with:

- International Builders Exchange Executives (IBEE) association.
- International Code Council (ICC)
- Spring-Ford Chamber of Commerce
- Tri-County Area Chamber of Commerce

Membership Qualifications

1. Applicant must have a minimum of one year in business within 25-miles of Pottstown area , or, immediately prior to submission of application, applicant must have been working for one or more years in the employ of a current BIE member who will sponsor applicant's membership.
2. Applicant's business must carry general liability insurance, and, where applicable, worker's compensation.
Insurance certificates must accompany this application.
3. Applicant must be 18 years of age or older and satisfy the inquiries of the membership committee in its investigation of the ability and responsibilities of the applicant in the operation of his craft or business.
4. Applicant must conduct his business in an ethical manner and in compliance with all rules and regulations of applicable local, regional, state and federal governing bodies; and member holds BIE harmless of any failure in said compliances.

Applications are subject to review and approval by the general membership prior to an applicant's being admitted to the BIE.

Membership Fee Schedule (Non-refundable)

Entrance Fee..... \$100

This is a one-time while active fee; but is waived if, you are sponsored by a BIE Member who fully completes the sponsor section on the back of this application.

ANNUAL DUES..... \$385

PLEASE COMPLETE THE FOLLOWING APPLICATION FOR MEMBERSHIP THEN RETURN ALONG WITH YOUR CERTIFICATE OF LIABILITY, PROOF OF WORKERS COMPENSATION INSURANCE, AND PAYMENT OF ENTRANCE FEE AND APPROPRIATE AMOUNT OF DUES TO THE BIE OFFICE.

MEMBERSHIP APPLICATION

Name of applicant - _____

Name of company - _____

Company location - _____

Company mailing address - _____

County - _____

Telephone (_____) _____ FAX (_____) _____

Web site _____ E-mail _____

PA Home Improvement Contractor License Number - _____

Please check here if the PAHIC licensing does not apply to your business _____

Name of company president, owner or CEO - _____

Name of parent company if applicable - _____

Type of business - _____

How long has the business you are now operating been established? _____

When and where was the business established? _____

Number of applicant's years of experience in this type of business - _____

Name and address of at least one bank with which you do business - _____

Number of full-time employees _____ Part-time _____

Have you ever before been a member of this Exchange? _____ When? _____

(NOTE: In giving the references, please use, when possible, names of "Builders Exchange" members)

PLEASE SUPPLY THREE REFERANCES including addresses with whom you have worked with in the past year (builders, suppliers, property owners, subcontractors, manufacturers, architects/engineers, member clients)

1. _____

2. _____

3. _____

** Continued on back **