

# ROCKLAND COUNTY BUILDERS & REMODELERS ASSOCIATION



8 College Avenue

Nanuet, NY 10954

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e-Mail: [INFO@RCBRA.ORG](mailto:INFO@RCBRA.ORG)

(To apply for membership, complete this form with payment to above address)

## APPLICATION FOR MEMBERSHIP

### MEMBERSHIP CLASS:

Builder/Remodeler \$600.00  Associate \$475.00

Political Action Committee Contribution, an additional \$25.00

Applicant's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Principal Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Website: \_\_\_\_\_

Type of Business: \_\_\_\_\_

License #: \_\_\_\_\_ (where applicable)

### Bank/Credit References:

a. \_\_\_\_\_

### Other References (Builder, Supplier, Subcontractor):

a. \_\_\_\_\_

I carry the necessary insurance as required by law.

Insurance Company \_\_\_\_\_ Policy Number: \_\_\_\_\_

I agree to abide by the Code of Ethics, the Constitution and Bylaws of the Rockland County Builders & Remodelers Association to which this membership is being directed, of the National Association of Home Builders and the New York State Builders Association with which it is affiliated. In the event of cancellation of membership with the Association, I agree to immediately discontinue the use of its insignia in any form.

A remittance of \$ \_\_\_\_\_ (Builder/ Remodeler) \$ \_\_\_\_\_ (Associate) representing my annual membership in the above Association accompanies this application.

(Date) \_\_\_\_\_ (Signature) \_\_\_\_\_

Sponsored by" \_\_\_\_\_ Pin #: \_\_\_\_\_

\*Dues payments are NOT deductible as charitable contributions for federal tax purposes. However, dues payments may be deductible as an "ordinary and necessary" business expense, subject to exclusions for lobbying activity. Contributions to a Political Action Committee (PAC) are not tax deductible.

Your membership includes full benefits for one person only. You cannot have more than one person per membership. However, you can sign up other employees of your company to receive RCB&RA communications. They will not receive mailings from NAHB or NYSBA and they will not have access to benefits or resources provided by either organizations. Please list below the names and email addresses of those employees you wish to receive RCB&RA correspondence.

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

### Payment options:

Enclosed is my check made payable to: RCB&RA

Payment will be made to my credit card: (circle 1) American Express MasterCard Visa Discover

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

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_\_\_

Signature of card owner: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Go to [www.rcbra.org](http://www.rcbra.org) to view our Calendar of Events!  
To apply for membership, complete this form and return to address above