

# SOUTHTOWNS BUILDERS ASSOCIATION

## MEMBERSHIP APPLICATION

The SOUTHTOWNS BUILDERS would like to invite and encourage you and your organization to become a member of this area's most recognized, and useful building trade association. As a member, we expect you to be a contributing force to help advance the building industry and this association, whether it be by direct or indirect support. (see applicants statement on back for details).

### MISSION STATEMENT

The STBA is a non-profit organization whose primary purpose is to promote the enhancement of the relationship between the consumer community and the STBA member network.

The STBA's goals are to maintain a high standard of ethics and to promote the general quality of life in the surrounding communities of Erie County. Additionally, the STBA seeks an active role in the development of policy which affects the individuals, businesses and communities it represents.

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MEMBERS NAME : \_\_\_\_\_

POSITION WITH COMPANY : \_\_\_\_\_

COMPANY NAME : \_\_\_\_\_

MAILING ADDRESS : \_\_\_\_\_

CITY : \_\_\_\_\_ STATE : \_\_\_\_\_ ZIP CODE : \_\_\_\_\_

COMPANY PHONE # : \_\_\_\_\_

WEBSITE ADDRESS : \_\_\_\_\_

MEMBERS PHONE # : (CELL) \_\_\_\_\_

\*E-MAIL ADDRESS : \_\_\_\_\_

**\*E-MAIL IS A MAJOR FORM OF COMMUNICATION FOR THE STBA\***

**PLEASE INCLUDE A BUSINESS CARD WITH YOUR APPLICATION**

DESCRIPTION OF YOUR COMPANY'S SERVICES OR PRODUCTS YOU OFFER: **WILL BE USED FOR YOUR BUSINESS DESCRIPTION ON THE STBA WEBSITE** [www.southtownsbuilders.com](http://www.southtownsbuilders.com) (to view)

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NAME AND PHONE # OF BUILDERS AND/OR SUPPLIERS YOU DEAL WITH:

1) \_\_\_\_\_

2) \_\_\_\_\_

**MEMBERSHIP AND ANNUAL DUES**

**ACTIVE MEMBERSHIP - \$175.00 PLUS A \$25.00 ADMINISTRATION FEE = \$200.00**

Open to any person, firm, or business whose principle activity is involved in the building trades conducting business within Erie County and shall agree to abide by the provisions of the By-Laws (and amendments thereof) and uphold the STBA Code of Ethics.

**\*\*\* CERTIFICATE OF INSURANCE IS REQUIRED \*\*\***

**PLEASE ENCLOSE WITH APPLICATION OR CONTACT YOUR INSURER TO PROVIDE**

**Applicants Statement:** As an applicant for membership in the STBA, I authorize you to contact any of the above mentioned firms or individuals. I hereby agree to abide by the Code of Ethics and By-Laws of the STBA. **I also agree to perform 2 hours of volunteer service (OR equivalent support) per year to promote the purposes of the STBA and the community of members.**

**BY-LAWS ARE LOCATED ON WEBSITE: [southtownsbuilders.com](http://southtownsbuilders.com)**

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STBA SPONSOR SIGNATURE : \_\_\_\_\_ CK #: \_\_\_\_\_

DATE RCVD: \_\_\_\_\_ SUBMITTED TO BOARD: \_\_\_\_\_ STATUS: \_\_\_\_\_

**BUILDING IT TOGETHER IN THE SOUTHTOWNS**

STBA P.O.BOX 27, HAMBURG, NY 14075 - [southtownsbuilders@gmail.com](mailto:southtownsbuilders@gmail.com) - 472-1930