Buckeye Frame Building Association

Membership Application

Company Name _____

Mailing Address _____

City: _____ **State:** _____ **Zip:** _____

Billing Address if different from above _____

City: _____ State: _____ Zip: _____

DESIGNATED REPRESENTATIVE (casts company vote):

Name: _____

Phone: _____ **FAX:** _____

Email: _____ **URL:** _____

TYPE OF BUSINESS: (circle as many as apply):

Building Sales Construction Design/Material Supply Equipment Supply

Other (specify) _____

TYPE OF MEMBERSHIP FOR WHICH YOU ARE APPLYING: (check one):

CONTRACTOR MEMBER:

Proprietorship, partnership or corporation which sells and constructs frame buildings within the State of Ohio.

Has full voting powers Annual Dues of $125.00 [ ]

ASSOCIATE MEMBER:

Proprietorship, partnership or corporation which is involved in service and/or materials and equipment supply to the industry within the State of Ohio

Has full voting powers Annual Dues of $125.00 [ ]

AFFILIATE MEMBER:

An individual with an interest in the Post-frame industry who is not affiliated with a post frame company . Receives all newsletters and other mailings.

Has no voting powers Annual Dues of $50.00 [ ]

STUDENT MEMBER:

An individual with an interest in the Post-frame industry who is currently enrolled in a school or university in the state of Ohio.

Has no voting powers Annual Dues of $25.00 [ ]

Please Make Checks Payable to BFBA or Provide Credit Card Information Below

Credit Card Number _____

Exp. Date _____ **CVV** _____ **Billing Zip Code:** _____

Signature _____

RETURN TO: *BFBA 7250 Poe Ave. Suite 410 Dayton, OH 45414* ***FAX to:*** *937-278-0317*
or EMAIL to: *mpope@assnsoffice.com* ***Phone:*** *888-294-0084*