



### AUTHORIZATION TO RELEASE INFORMATION

The undersigned does hereby authorize BLAIR-BEDFORD BUILDERS ASSOCIATION to verify its past and present employment, earning, bank accounts, stock holdings, and any other asset balances that are needed to process the undersigned's application for membership with the BLAIR-BEDFORD BUILDERS ASSOCIATION.

The undersigned further authorized the BLAIR-BEDFORD BUILDERS ASSOCIATION to obtain a consumer credit report and verify other credit information, including all past and present liabilities. It is understood that a photocopy or faxed copy of this form will also serve as authorization.

The information that the BLAIR-BEDFORD BUILDERS ASSOCIATION obtains is only to be used in the processing of the undersigned's application for membership with the BLAIR-BEDFORD BUILDERS ASSOCIATION and for other purposes.

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Applicant name (please print clearly)

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Applicant signature

Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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Applicant name (please print clearly)

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Applicant signature

Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

- ☐ I have enclosed a check in the amount of \$25 (application fee)
- ☐ I have enclosed a check in the amount of \$425 representing my annual membership dues in the affiliated Association (submission of application does not guarantee acceptance to the association and or participation in any association benefits programs).

**1410 Allegheny Street, Hollidaysburg, PA 16648 (814-693-9710) Fax (814-693-9712)**  
**E-mail: [info@blairbedfordbuilders.com](mailto:info@blairbedfordbuilders.com) [www.blairbedfordbuilders.com](http://www.blairbedfordbuilders.com)**



## APPLICATION FOR MEMBERSHIP

COMPANY: \_\_\_\_\_ DATE: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ TITLE: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
\_\_\_\_\_  
FAX: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TYPE OF BUSINESS Corporation \_\_\_\_\_ MEMBERSHIP CLASS Builder \_\_\_\_\_  
Partnership \_\_\_\_\_ (See Requirements) Associate \_\_\_\_\_  
Sole Proprietorship \_\_\_\_\_ Probationary Builder \_\_\_\_\_

FEDERAL I.D. # \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
(For Corporation) (For Partnership & Sole Proprietors)

PA HIC REGISTRATION # \_\_\_\_\_ REGISTRATION DATE \_\_\_\_\_

YEARS IN BUSINESS USING CURRENT NAME: \_\_\_\_\_

HAS THERE BEEN A CHANGE IN OWNERSHIP IN THE LAST TWO YEARS? \_\_\_\_ YES \_\_\_\_ NO

BANK/CREDIT REFERENCES \_\_\_\_\_  
- Three required for all applicants  
- Must include account number \_\_\_\_\_  
and Branch location \_\_\_\_\_  
\_\_\_\_\_

COMPLETED JOB REFERENCES \_\_\_\_\_  
- Three required for all builders,  
remodelers & others who provide  
services to retail consumers \_\_\_\_\_  
\_\_\_\_\_

I agree to abide by the constitution and By-Laws of the Blair/Bedford Builders Association, the Pennsylvania Builders Association and the National Association of Home Builders of the United States with which it is affiliated. Submission of this application does not guarantee acceptance by the association and/or participation in any association sponsored benefits program. A remittance of \$425.00 representing my annual membership dues in the affiliated Association accompanies this application, along with a separate check for \$25 which is a non-refundable application fee.

Everything I have stated in this application is correct to the best of my knowledge. The Blair/Bedford Builders Association is hereby authorized to make whatever inquiries it deems necessary in connection with the application.

Sponsored By \_\_\_\_\_ (Name of BBBA Member) \_\_\_\_\_ (Signature of Applicant)

Return This Application To: Blair/Bedford Builders Association  
1410 Allegheny Street  
Hollidaysburg, PA 16648  
Date: \_\_\_\_\_