



Builders Association of Adams County
 P.O. Box 3321 • Gettysburg, PA 17325 • 717-337-5144
 www.adamscountybuilders.com

PRELIMINARY MEMBERSHIP APPLICATION / REFERENCE INFORMATION

**PART I: TO BE FILLED OUT BY ALL APPLICANTS, BUILDER & ASSOCIATE MEMBERS:
 NO MONEY IS DUE WITH THIS APPLICATION**

Date of Application: _____

Name of Business: _____

Business Address: _____

Business Phone: _____ Date Established: _____ Yrs, in Business _____

In Business Full-time: _____ Part time: _____ Federal EIN # _____

Principle Person(s): _____ Title _____ SS# _____

_____ Title _____ SS# _____

Please describe your business as it relates to the local building industry: _____

Please provide as references, local builders, subcontractors, or other Association members with whom you have worked who are familiar with the quality of your work and professional reputation.

	Phone	Contact Person
a. _____		
b. _____		
c. _____		
d. _____		

Three trade references:	Phone	Contact Person

Referring BAAC member or sponsor: _____

Business Insurance Carrier: _____

ATTACH A COPY OF CERTIFICATE OF LIABILITY & WORKMEN'S COMPENSATION IF APPLICABLE.

Bank References:

Name of Bank: _____ Contact Person _____

Address: _____

Members are to abide by a Code of Ethics, principles and standards that obligate them to serve the community with high quality workmanship, fairness, and honesty.

I authorize any person or consumer reporting agency to compile and furnish BAAC with any pertinent information in response to any appropriate inquiries. I certify that the information provided is accurate and true and that any falsification will result in denial of membership.

Applicant's Signature _____ Print Applicant's Name _____ Date _____

BUILDERS ASSOCIATION OF ADAMS COUNTY

PART II: FOR BUILDER MEMBERS ONLY

DATE: _____

BUILDER MEMBERS ARE EXCEPTED FOR MEMBERSHIP UNDER A ONE YEAR, PROBATIONARY PERIOD.

FIVE NAMES WITH ADDRESSES, PHONE NUMBERS, AND JOB DESCRIPTIONS FOR WHICH YOU HAVE DONE WORK IN THE PAST TWELVE MONTHS ARE TO BE SUBMITTED FOR POSSIBLE INSPECTIONS AND/OR INQUIRIES BY THE MEMBERSHIP COMMITTEE BEFORE THE PROBATION WILL BE LIFTED.

REFERRAL INFORMATION

Builders Name: _____

Customer Name: _____ Date of Project _____

Address: _____ Phone _____

Project: _____

BAAC use only:

Comments: _____

Customer Name: _____ Date of Project _____

Address: _____ Phone _____

Project: _____

BAAC use only:

Comments: _____

Customer Name: _____ Date of Project _____

Address: _____ Phone _____

Project: _____

BAAC use only:

Comments: _____

Customer Name: _____ Date of Project _____

Address: _____ Phone _____

Project: _____

BAAC use only:

Comments: _____

Customer Name: _____ Date of Project _____

Address: _____ Phone _____

Project: _____

BAAC use only:

Comments: _____

RETURN TO: BAAC, P. O. BOX 3321, GETTYSBURG, PA 17325