



**MEMBERSHIP APPLICATION 2017**

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

Address, City, State, Zip: \_\_\_\_\_

Mailing Address (if different from above):  
\_\_\_\_\_

Business Phone #: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Website: \_\_\_\_\_

Hours of Operation (days & times): \_\_\_\_\_

Year Founded: \_\_\_\_\_ Owned By: \_\_\_\_\_

Contact Person(s) & Title(s): \_\_\_\_\_

Services or Specialties Provided: \_\_\_\_\_

Referred By: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name & Title: \_\_\_\_\_

***Referrals: (Please provide the name and contact number for two business references)***

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

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

**\*\* Membership is on an annual basis, renewable on or before your anniversary date of membership\*\***

**\*\* Annual Dues are \$180.00\*\***

**Please return application and annual dues of \$180.00 to apply for membership**

Make check payable to: Washington County Builders Association

**Washington County Builders Association**  
P.O. Box 27  
West Bend, WI 53095-0027  
Phone: 262.334.5552