

APPLICATION FOR MEMBERSHIP

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Firm Name _____

() Corporation () Partnership () Individual

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

Email Address _____ Website _____

Contractors License # _____ License Classifications _____

Type of Business _____

Name of Owner or Officer _____

Has any principal in your firm been a member of SFBE prior to this time () YES () NO

If yes, when? _____ What was the name of the membership? _____

Were you referred by a current member? () YES () NO

If yes, what is the company name? _____

MEMBERSHIP CLASSIFICATIONS

- Application fee and dues must accompany this application

	<u>Annual</u>	<u>Quarterly</u>	<u>Application Fee</u>
Class A: Plan Room Member	\$550.00	\$175.00	\$100.00
Add Online Plan Room	\$600.00	\$187.50	
Class B: Insurance Only	\$150.00	N/A	\$25.00

Wireless access to the internet is available when visiting the Exchange in person.

I/we do hereby make application to be a member of the San Francisco Builders Exchange. If accepted as a member, I/we agree to abide by the provisions set forth in the by-laws and any subsequent rules, regulations, and policies which might be adopted by the Board of Directors. If accepted, I/we are entitled to apply for all the services and benefits offered by the SFBE. It is also hereby agreed that cancellation of membership shall be in writing, and all dues and indebtedness owing at that date shall be paid in full.

Name _____ Title _____

Signature _____ Date _____