



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):

MEMBER:

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

Has full voting powers Annual Dues of \$100.00 []

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 \$100.00 []

AFFILIATE MEMBER:

A person associated with a member or associate member of the Association . Receives all newsletters and other mailings.

Has no voting powers Annual Dues of \$20.00 []

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

Credit Card Number _____

Exp. Date _____ Billing Zip Code: _____

Signature _____

RETURN TO: 2077 Embury Park Rd., Dayton, OH 45414 or FAX: 937-278-0317