



**Colorado River Building Industry Association**  
 2182 McCulloch Boulevard, N. Suite 1  
 Lake Havasu City, AZ 86403  
 (928) 453-7755 tel (928) 453-3175 fax  
 www.crbia.org

*The Mission of the Colorado River Building Industry Association is to Provide Our Members Benefits, Political Action, Information and Education to Improve Our Businesses, Our Community and Educate Ourselves.*

Code:

**MEMBERSHIP APPLICATION**

Company Name:		Contact:
Street Address:		Telephone #:
City, State, Zip:		Facsimile #:
Mailing Address:		Mobile #::
City, State, Zip:		Email:
Do you have a web site:	YES NO	If yes, Site Address:

**LICENSE NUMBERS & WORKERS COMPENSATION INSURANCE**

Residential:	Commercial:	Dual:
City License:	State Fund #:	Other WCI (St/#):

**BUSINESS ENTITY**

Proprietorship: _____ Partnership: _____ Corporation: _____ Other: _____	
IF PARTNERSHIP, LIST PARTNERS	IF CORPORATION, LIST OFFICERS:
Qualifying Partner:	Qualifying Employee:

**TRADE REFERENCES**

Business Name	Address	Telephone No.
<p><b>Please choose up to 5 categories for your business listing in our Membership Directory. The categories would be how you would have them in a yellow pages directory. If you have any question, please contact Lisa or Dianne at 928-453-7755.</b></p>		
1.		
2.		
3.		
4.		
5.		

Company Name: _____
How did you hear about the Association: _____
<b>Upon acceptance as a member the applicant agrees to abide by the by-laws of the Association and to assume a one-year membership obligation (this includes initial semi-annual and quarterly membership fees).</b>
Annual payment = \$300; Semi-Annual payments = \$155 each; Quarterly payments = \$80 each
<b>Secondary Membership:</b> To qualify for Secondary Membership the following qualifications must apply. 1) Must have at least 1 full membership already in place with C.R.B.I.A. and 2) Must hold at least 51% ownership of second company. If you qualify under these conditions the fee for Secondary Membership is \$150 annually.
A remittance of \$ _____ representing _____ payment of dues accompanies this application. This covers the period from _____ through _____.
Payment made by:
Check # _____ Visa/M.C. _____ Exp _____ Code _____
Applicant's Signature/Title: _____ Date: _____

Revised 10/08/09 - lrt

**Be sure and include 2 business cards with your application and payment.**  
**(Additional cards can be sent in and will be put in the office wall rack.)**

### **MEMBERSHIP APPROVAL PROCEDURES**

Once you have submitted this application:

1. Arizona license numbers are verified through the Registrar of Contractors.
2. Business license numbers are verified through the City.
3. Memberships are approved at the monthly Board of Directors meeting.
4. Payment for membership will be processed at that time.
5. The C.R.B.I.A. reserves the right to refuse membership for any reason other than gender, creed, religion or national origin.

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 Membership approved:

\_\_\_\_\_  
 Name & Title

\_\_\_\_\_  
 Date

Entered into System: Licenses Verified: \_\_\_\_\_ References Verified: \_\_\_\_\_

Data Base: \_\_\_\_\_ Fax List: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Membership Directory: \_\_\_\_\_ Newsletter: \_\_\_\_\_