



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)

CONTRACTOR MEMBER:

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

Has full voting powers Annual Dues of \$125.00 []

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 \$125.00 []

AFFILIATE MEMBER:

An individual with an interest in the Post-frame industry who is not affiliated with a post frame company . Receives all newsletters and other mailings.

Has no voting powers Annual Dues of \$50.00 []

STUDENT MEMBER:

An individual with an interest in the Post-frame industry who is currently enrolled in a school or university in the state of Ohio.

Has no voting powers Annual Dues of \$25.00 []

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

Credit Card Number _____

Exp. Date _____ **CVV** _____ **Billing Zip Code:** _____

Signature _____

RETURN TO: BFBA 7250 Poe Ave. Suite 410 Dayton, OH 45414 **FAX to:** 937-278-0317
or EMAIL to: mpope@assnsoffice.com **Phone:** 888-294-0084