



Membership Application

Please print or type, and return with full payment as per Current Fee Schedule.

PROTECTION OF PRIVACY AGREEMENT

References

Pursuant to the requirements of *The Federal and Provincial Privacy Acts*, it is required that you agree we may obtain and/or verify the particulars of your company business practices specific to those requested in the application and that the references provided with whom you have business and financial dealings may be permitted to disclose such information to the Haliburton County Home Builders' Association.

Publication

In submitting this application, you also affirm that the company information provided is accurate and consent to its use for such purposes of the promotion of membership, government liaising, public education, new products and services, internet information and networking (**banking and credit card information excepted**) at all levels of the Canadian Home Builders' Association, local, provincial and national.

I, _____ of _____, agree to the foregoing.

Print Name of the Applicant

Company

Signature of the Applicant

Date

Haliburton County
Home Builders Association

BOX 299, HALIBURTON, ONTARIO K0M1S0
www.hchba.ca



Company Name: _____

Mailing Address: _____
Address

City, Province Postal Code

Association Company Representative: _____ Title: _____

Mailing Address (if different than above): _____
Address

City, Province Postal Code

Business Telephone: _____ Fax: _____ Cell: _____

E-mail Address: _____

Website Address: _____

Federal Business #: _____

Trade License #: _____ WSIB #: _____

Haliburton County
Home Builders Association

BOX 299, HALIBURTON, ONTARIO K0M1S0
www.hchba.ca



Type of Business (check **one** only):

- Single Owner Corporation Joint Venture Partnership Other: _____

Type of Business (check **one** only):

- Builder / Renovator Service & Professional
 Excavation & Landscaping Subcontractor
 Supplier Other

General Information:

1. Number of years in business: _____
(Minimum of one year)
2. Is your account with Corporate Registry current? _____
3. Have you previously owned a business? _____
If so, what was the name of that business? _____
4. Have you claimed bankruptcy in the last five years? _____
If so, what is the date of discharge? _____
5. If required, would you able to supply a vulnerable sector police check? _____

Haliburton County
Home Builders Association

BOX 299, HALIBURTON, ONTARIO K0M1S0
www.hchba.ca



3 Association Sponsor:

(Must be a member of the Haliburton County Home Builders' Association)

Company

Contact Person

Phone

Fax

Sponsor Signature

Sponsor Signature

Sponsor Signature

Business References:

(Not to include sponsor, employees, partners, directors, shareholders of the applicant)

Company

Contact Person

Phone

Fax

1. _____

2. _____

3. _____



Your Company History

Please provide a brief description of the company in 50 words or less (which may from time to time be used in Association publications to promote your business) including on our website:

Haliburton County
Home Builders Association

BOX 299, HALIBURTON, ONTARIO K0M1S0
www.hchba.ca



PLEASE READ BEFORE SUBMITTING APPLICATION:

It is the mandate of the Canadian Home Builders' Association at all levels, local, provincial and national, to provide information, promote membership and foster communication, e.g. catalogues of Members, Internet Information, new products services, etc. The application hereby consents to the use of the information in this Application for such purposes (banking information excepted) by the Haliburton County, Ontario and Canadian Home Builders' Associations. Full payment in accordance with Fee Schedule must be included with application form.

The applicant acknowledges that approval of membership is subject to the following:

- The current year's annual membership fee can be found on the schedule attached. A prorated amount is dependent upon the date of application. Payment is to accompany this application. Membership is based on an annual renewal date due September 1st each year.
- The Board of Directors of the Haliburton County Home Builders' Association has the right to refuse this application, or request additional information. Should this application be refused, the membership fee shall be returned to the applicant without interest.
- It is agreed that all fees, costs and charges attributable to the applicant shall bear interest at 1 ½% per month (18% per Annum) should the Haliburton County Home Builders' Association not receive payment within 30 days of the date such fees, costs and charges are incurred by the applicant.
- H.S.T. Registration # 136582889 RT 0001

I, _____ hereby declare that the above information provided is accurate and true to the best of my knowledge. I hereby acknowledge I have received and read the Haliburton County Home Builders' Association Code of Ethics. I acknowledge that I may examine the By-Laws of the Haliburton County Home Builders' Association during regular Association office hours.

I promise to operate my firm in accordance with the spirit and intent of the Code of Ethics and By-Laws. I understand that violation of any portion of the Code of Ethics or of any By-Law will be subject to disciplinary action as set out in the By-Laws.

Signature of the Applicant

Print Name

Date
