



MEMBERSHIP APPLICATION

Business Name: _____

Address, City, State, Zip: _____

Mailing Address (if different from above):

Business Phone #: _____

Alternate Phone #: _____

Mobile Phone #: _____

Fax #: _____

Email Address: _____

Business Website: _____

Hours of Operation (days & times): _____

Year Founded: _____ Owned By: _____

Contact Person(s) & Title(s): _____

Services or Specialties Provided: _____

Referred By: _____

Signature of Applicant: _____ Date: _____

Print Name & Title: _____

Referrals: (Please provide the name and contact number for two business references)

Name: _____ Phone: _____

Name: _____ Phone: _____

**** Membership is on an annual basis, renewable on or before your anniversary date of membership****

**** Annual Dues are \$180.00****

Please return application and annual dues of \$180.00 to apply for membership

Make check payable to: Washington County Builders Association

Washington County Builders Association
P.O. Box 27
West Bend, WI 53095-0027
Phone: 262.334.5552