



# NAHB MEMBERSHIP INFORMATION REPORTING FORM CODES

Member ID: Member's Master ID Number (can be found on Monthly Membership Roster Report)  
 Sponsor ID: Member's Master ID Number of the member to receive spike credit (can be found on the Monthly Spike Club Roster)  
 Nickname: Name as it is to appear on badges and personalized mailings

**Business Activity Codes:** Enter the member's most important business activities from the list of codes below (enter up to 3 different codes). Note: For "other" associate (code Z), you must fill in the blank for Other business Classification if that member is to receive Builder Magazine.

Builder Member Classification	Associate Member Classification	Subcontractors and Specialty Trade Contractors
A Single Family Spec/Tract Building	L Accounting	W1 Carpentry Work
B1 Single Family General Contracting	M1 Architecture	W2 Electrical Work
B2 Single Family Custom Building	M2 Engineering	W3 Masonry, Stone Work, Tile Setting , Plastering
C Multifamily Building (Condo/Coop Units)	M3 Planner or Designer	W4 Landscaping
D Multifamily Building/Ownership (Rental Units)	N Legal Services	W5 Plumbing, Heating and Air Conditioning
E Multifamily General Contracting	O Computer Products and Services	W6 Roofing, Siding and Sheet Metal Work
F Remodeling - Residential	P1 Commercial Banking/Thrift Institution	W7 Painting and Paper Hanging
G Remodeling - Commercial	P2 Mortgage Banking	W8 Floor Laying and Other Floor Work
H Commercial Building (Own Account)	Q Insurance or Title Company	W9 Concrete Work
I Commercial General Contracting	R Marketing, Advertising or Public Relations	WA Excavation Work
J Land Development	S Building Material Manufacturing	WC Land Surveyor
K Manufacturing of Modular/Panelized/Log Homes	T Property Management	WD Security Systems
	U Real Estate	WZ Other Subcontractor (specify)
	Y Utilities	
	Z Other (specify)	
<b>Wholesale Dealers/Distributor</b>		<b>Retail Dealers/Distributor</b>
X1 Appliances		V1 Appliances
X2 Building Materials/Lumber		V2 Building Materials/Lumber
X3 Floor Coverings		V3 Floor Coverings
X4 Paint/Wall Coverings		V4 Paint/Wall Coverings
X5 Other Wholesale Dealership (specify)		V5 OtherRetail Dealership (specify)

**Annual Dollar Volume:**

Enter the member's approximate annual dollar volume of new residential construction/development, using the following codes:

- |                           |                               |                             |
|---------------------------|-------------------------------|-----------------------------|
| 0. Under \$500,000        | 2. \$1 million to \$4,999,999 | 4. \$10 million or over     |
| 1. \$500,000 to \$999,999 | 3. \$5 million to \$9,999,999 | 5. No construction activity |

**Annual Number of residential dwelling units built in past 12 months:**

Enter the member's approximated number of units built using the following codes:

- |            |              |               |
|------------|--------------|---------------|
| 1. 0 units | 3. 11 to 25  | 5. 101 to 500 |
| 2. 1 to 10 | 4. 26 to 100 | 6. Over 500   |

**Total Paid Employees:**

Enter the total employees in the blanks provided. Include the member in your total figure.

**Business Title:**

Enter the code that best describes the member's business title, using the following codes:

- |   |                                    |
|---|------------------------------------|
| 1. President/CEO                        | 5. Architect, Designer or Engineer |
| 2. VP/General Manager                   | 6. Financial Manager/Director      |
| 3. Construction Superintendent          | 7. Owner, Principal or Partner     |
| 4. Sales and Marketing Manager/Director | 9. Other (specify)                 |

## New Member Profile

Company Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Size of Company (# employees) \_\_\_\_\_ Number of Years in Business \_\_\_\_\_

1. How many years have you been in the industry? \_\_\_\_\_

2. What is your company's primary area of specialization? \_\_\_\_\_  
\_\_\_\_\_

3. Which most closely represents your business?

- |  |   |
|--|---|
| <input type="checkbox"/> Small Volume Builder  | <input type="checkbox"/> Land Developer |
| <input type="checkbox"/> Medium Volume Builder | <input type="checkbox"/> Supplier       |
| <input type="checkbox"/> Large Volume Builder  | <input type="checkbox"/> Subcontractor  |
| <input type="checkbox"/> Remodeler             |   |
| <input type="checkbox"/> Other _____           |   |

4. Which of the following were reasons for joining BASCO? (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Business contacts                    | <input type="checkbox"/> Industry support       |
| <input type="checkbox"/> Insurance                            | <input type="checkbox"/> Advertising            |
| <input type="checkbox"/> Marketing your product or service    | <input type="checkbox"/> Programs & Events      |
| <input type="checkbox"/> Education seminars                   | <input type="checkbox"/> NAHB/ OSHBA membership |
| <input type="checkbox"/> Legislative support of your industry | <input type="checkbox"/> Increase network       |
| <input type="checkbox"/> Other _____                          |   |

5. Indicate your areas of interest within BASCO:

- |  |   |
|--|---|
| <input type="checkbox"/> Festival of Homes | <input type="checkbox"/> Government Affairs |
| <input type="checkbox"/> Advertising       |   |

6. What do you hope to get out of your membership: \_\_\_\_\_  
\_\_\_\_\_

7. Indicate the social/ fundraising activities that interest you:

- |   |  |
|---|--|
| <input type="checkbox"/> Golf Tournament    | <input type="checkbox"/> Family Fun Night            |
| <input type="checkbox"/> Annual Barbeque    | <input type="checkbox"/> General Membership Meetings |
| <input type="checkbox"/> Bowling Tournament | <input type="checkbox"/> Remington Park Night        |
| <input type="checkbox"/> Christmas Party    |  |

8. In view of your areas of interest and your goals which of these committees/ councils would be most beneficial for you to participate on? (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Associates Council (associates only)  | <input type="checkbox"/> Associates Showcase Committee |
| <input type="checkbox"/> Barbeque Committee                    | <input type="checkbox"/> Directory Committee           |
| <input type="checkbox"/> General Membership Programs Committee | <input type="checkbox"/> Government Affairs Committee  |
| <input type="checkbox"/> Golf Tournament Committee             | <input type="checkbox"/> Festival of Homes Committee   |
| <input type="checkbox"/> Membership Committee                  | <input type="checkbox"/> Bowling Committee             |
| <input type="checkbox"/> Other _____                           |  |

## CODE OF ETHICS

At the Builders Association of South Central Oklahoma, Inc., we take pride in the ethics of our members. Home buyers have a right to expect ethical treatment from our builders and associates, just as builders and associates have a right to expect ethical treatment from their buyers.

As members in good standing with the Builders Association of South Central Oklahoma, Inc., we believe in, and accept, the responsibilities and obligations inherent in the home building profession. Basic to these ethical beliefs, we support the following objectives:

Conducting business affairs with honesty, professionalism and skill.

Providing the best housing value possible.

Protecting consumers through the use of quality materials and construction practices backed by integrity and service.

Providing housing with high standards of safety, sanitation and livability.

Meeting financial obligations in a responsible manner.

Complying with the codes and regulations prescribed by law and government agencies for the health, safety and welfare of the community.

Deal fairly with all members of the public and profession regardless of race, creed, color, national origin, religion, or sex.

As a member in good standing of the Builders Association of South Central Oklahoma, Inc., I agree to abide by the above Code of Ethics.

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(Member Name)      (Company Name)      (Address)      (City, State Zip)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Sign and return this form along with your application.**

(FOR BUILDER MEMBERS ONLY)

Builders Association of South Central Oklahoma  
Supplemental Builder Membership Application

Builders applying for membership in the Builders Association of South Central Oklahoma, Inc. are required to provide the following information. Upon application, all requests for membership will be submitted to the Board of Directors, which meets the first Wednesday of each month, prior to acceptance into the association.

Builder Name: \_\_\_\_\_

Company Name or DBA: \_\_\_\_\_

How long have you been doing business under this company name: \_\_\_\_\_

If less than three years, previous company name: \_\_\_\_\_

Current Address: \_\_\_\_\_ How long: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Prior Address (if less than 3 years): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Web Site: \_\_\_\_\_

Tax ID Number or SSN of Company or Contact Name: \_\_\_\_\_

Length of Time operating building business in Oklahoma: \_\_\_\_\_

What percent of your income is derived from your building business: \_\_\_\_\_

1. Do you have Workers Comp Insurance Yes \_\_\_\_\_ No \_\_\_\_\_
2. Do you have General Liability Insurance Yes \_\_\_\_\_ No \_\_\_\_\_
3. Attach copies of current insurance coverage (workers comp/general liability).
4. Attach copies of Professional Licenses (if applicable for your type of business). Out of State contractors doing work in Oklahoma are required to be registered with the State of Oklahoma. Attach a copy of that registration.
5. Attach three reference letters from other municipalities, suppliers, or customers, at least one letter of reference must be from a current builder member of the Builders Association of South Central Oklahoma.

**All information must be provided in order to be considered for membership.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Sign and return along with your application.**