



**SARATOGA  
BUILDERS**  
ASSOCIATION  
INC.

P.O. Box 1063  
Saratoga Springs,  
NY 12866

(518) 355-2409  
Voice & fax

## MEMBERSHIP APPLICATION

Name \_\_\_\_\_

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

Address \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

State kind of business \_\_\_\_\_

How long have you been engaged in above business \_\_\_\_\_

Are you at present engaged in any lawsuit connected with the affairs of your business \_\_\_\_\_

If yes, would you consent to submit data so that a proper determination can be made \_\_\_\_\_

References (the applicant will be subject to a credit report which must be satisfactory to this Association and the following may be contacted--show name, address and telephone)

Bank \_\_\_\_\_

Supplier \_\_\_\_\_

Sub-Contractor \_\_\_\_\_

Builder applicants (list names, addresses, tel. no. of three customers for whom you have done work in the past two years)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

The undersigned in signing this application agrees to abide by the Constitution and By-Laws and Code of Ethics.

Check in amount of \$175 for current year's dues is attached.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Sponsored by \_\_\_\_\_ Approved B/D \_\_\_\_\_