

# APPLICATION FOR MEMBERSHIP

## High Performance Building Council

(A council of the Building Industry Association of Central South Carolina)



### APPLICANT INFORMATION

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

Representative/Title \_\_\_\_\_ Fax: \_\_\_\_\_

Business Location: \_\_\_\_\_  
Street City State Zip Code

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

E-mail address: \_\_\_\_\_ Website: \_\_\_\_\_

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

Who recruited/recommended you for membership? \_\_\_\_\_

### MEMBERSHIP CLASSIFICATION

My company is [  ] an BIA of Central SC Member (\$95/year), [  ] Not a BIA Member (\$200/year)

I am a [  ] Builder (SC Builders License #: \_\_\_\_\_), [  ] Associate

### MEMBERSHIP SIGNATURE

Remittance of \$\_\_\_\_\_.00\* representing my annual membership dues in the HPBC accompanies this application. With this payment I agree to abide by the Procedures of the High Performance Building Council. I further certify that the information provided above is complete and correct to the best of my knowledge.

\* \$95 for BIA Member Companies; \$200 for non-members under the Council Affiliate Membership.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### METHOD OF PAYMENT

\_\_\_ VISA \_\_\_ MasterCard \_\_\_ AMEX \_\_\_ Check (Made payable to "BIA") Check Number: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp. Date: \_\_\_ / \_\_\_

Billing Address: \_\_\_\_\_  
Street City State Zip Code

Signature: \_\_\_\_\_  
By signing, I authorize the dues payment of \$95.00 or \$200 (plus 3% for credit card charges).

### FOR COUNCIL USE ONLY

Executive Committee Approval: \_\_\_\_\_  
(date) (initial)

For more information please call Bin Wilcenski at (803) 256-6238  
Please return to: BIA of Central SC, 625 Taylor St., Columbia, SC 29201