

APPLICATION FOR MEMBERSHIP REMODELERS COUNCIL

A council of the Building Industry Association of Central SC

* = Mandatory Information	Executive Committe	ee Approval:		
Application Date:	- Exocutive Committee	ee Approval:		Initial
*Company Name:		*Phone: _		
*Name/Title		Fax:		
*Business Location:				
Street		City	State	Zip Code
*Mailing Address:		City	State	Zip Code
*E-mail address:				
Company Website:				
Type of Business:				
How long have you been in this business?			ıg?	
*Membership Class: [] Remode *My Company is [] a BIA of Cer	•			er.
[] * NAHB Remodelers: If you wo you can do so as an At-Large Membe			uncil for 12	-months,
BIA of Central SC members and/o Non-members may join as a Coun benefits of this council and are abl us for a complete list of benefits as	ncil Affiliate for \$200/ye le to participate in BIA	ar. Council Affiliate meetings and event	members	receive
I agree to abide by the By-Laws of the Recomplete and correct to the best of my kr		r certify that the informa	tion provided	l above is
	nting my annual member are accepted. Visa or Mas sing fee will be applied on 0	terCard only. Call for C		cation.
Sponsor (Name/Company):				