

# BIA / SC WOMEN'S COUNCIL MEMBERSHIP APPLICATION



I hereby register my membership in the Women's Council of the BIA of Southern California and agree to support this council and its constitution.

I further agree to pay membership dues of \$85.00 per annum, which entitles me to all the privileges of membership in the National Association of Home Builders Women's Council. A \$40.00 portion of my annual membership fee is forwarded to NAHB and CBIA while the balance is reserved for Women's Council of BIA-SC.

I submit the following information for the BIA/SC Women's Council Membership Committee:

Name:		Date:
Company Name:		
Billing Address:		
City/State/Zip		
Telephone: Fax:		
Email:		
Sponsor/Referral Name: _____ <i>Sponsor/Referral name not necessary, but if a current Women's Council member recommended our association to you, please write their name here.</i>		

**Please indicate below which Women's Council Division you prefer and which committees and events interest you the most. Also, indicate which position(s) you would enjoy serving on our Board of Directors. Elections are traditionally conducted in September of each calendar year. You may check all that apply.**

<b>DIVISION:</b> <input type="checkbox"/> BIA/SC <input type="checkbox"/> Baldy View <input type="checkbox"/> Desert <input type="checkbox"/> GLAV <input type="checkbox"/> Orange County <input type="checkbox"/> Riverside	<b>BOARD OF DIRECTOR POSITIONS:</b> <input type="checkbox"/> Regional President <input type="checkbox"/> Regional Vice President <input type="checkbox"/> Division Chair <input type="checkbox"/> Division Vice Chair <input type="checkbox"/> Board Member <input type="checkbox"/> Event Chair <input type="checkbox"/> Membership Chair <input type="checkbox"/> Political Chair <input type="checkbox"/> Historian	<b>COMMITTEES:</b> <input type="checkbox"/> Scholarships <input type="checkbox"/> Education <input type="checkbox"/> Charities <input type="checkbox"/> Sponsorships <input type="checkbox"/> Ambassador/Membership <input type="checkbox"/> Event (varies with Division)
<b>TYPES OF EVENTS:</b> <input type="checkbox"/> Membership Events <input type="checkbox"/> Holiday Events <input type="checkbox"/> Spring Basket Event <input type="checkbox"/> Education Events <input type="checkbox"/> State/National Events <input type="checkbox"/> Political Involvement Events <input type="checkbox"/> Divine Tables for Hope Event <input type="checkbox"/> Architectural Drafting Competition <input type="checkbox"/> Charity Events <input type="checkbox"/> Other: _____		<input type="checkbox"/> <b>Yes! I am interested in supporting the political grassroots effort of the BIA/SC, CBIA and NAHB by becoming a BuildPAC member.</b> Please have someone contact me regarding this program. Thank you!

**Yes! I want to become a BIA/SC Women's Council Member for \$85.00 membership fee per annum.**  
 I understand that if my membership balance account has a balance past due over 90 days, my membership in Women's Council will be cancelled and turned over for collection. I agree to accept the fees charged as lawful debt and promise to pay said fees including costs of collection, attorney fees and court costs, waiving now and forever the right to claim exemption under the constitution and laws of California or any other state. I understand that intention to cancel this membership must be made in writing and delivered to a board member of Women's Council. Signature: \_\_\_\_\_

**Yes! For an additional \$40.00, I also want to become a state CBIA Women's Council Member.**  
 As a direct state member, I understand that my membership benefits will include receiving e-newsletters, industry political updates, event notifications and information on participating more in the tri-annual CBIA Board Meetings. I also understand I will not be invoiced by the BIA/SC Women's Council for this membership; however, BIA/SC will forward this application to CBIA Women's Council where I will then be invoiced or my credit card charged for the \$40.00 direct membership fee. I realize that a portion of my local Women's Council membership fee already goes to CBIA, however, I want the benefits that direct membership with the CBIA Women's Council will bring to me. Signature: \_\_\_\_\_

Visa   
  MasterCard   
  American Express   
  Check   
 Check Number: \_\_\_\_\_  
 Account Number \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Authorized Signature for Credit Card Billing: \_\_\_\_\_  
 NOTE: If paying by credit card you may fax completed application to: (909) 860-9170