



400 Reed Street, Santa Clara, CA 95050 (408) 727-4000 FAX (408) 727-2779
www.bxscco.com

MEMBERSHIP APPLICATION

Application Fee	\$100
Dues Quarterly	<u>\$125</u>
Total with Application Fee	\$225
Annual Online Planroom (Optional)	\$100
Annual State Wide Planroom (Optional)	\$200

FOR EXTRA SAVINGS – ANNUAL RATE

Application Fee	\$100
Dues Annually	<u>\$450</u>
Total with Application Fee	\$550
Annual Online Planroom (Optional)	\$100
Annual State Wide Planroom (Optional)	\$200

Name of Firm: _____
(As shown on California Contractors License)

Name of Owner: _____
(If Corporation, Chief Officer)

Billing Address: _____
(Street or Box Number) (City) (State) (Zip)

Phone Number: _____ Fax Number: _____

Website: _____

Weekly Bulletin Emails The Weekly Bulletin Contains Project Details, News, Upcoming Events and more! Stay Connect!

Email 1: _____ Email 2: _____

Local Representative: _____ Phone Number: _____

Local Rep. Address: _____
(Street or Box Number) (City) (State) (Zip)

Type of Business: _____

Contractor's License Number: _____ Classification(s): _____

Date Started Present Business: _____ Years: _____
(Years connected with this type of work)

References: (Members and/or those familiar with your work or product)

1. _____ Address: _____

2. _____ Address: _____

This application, properly acknowledged (signed) constitutes contractual agreement. The applicant, upon acceptance for membership in the Exchange, hereby acknowledges his/her liability for the dues. DUES MUST be paid in advance. It is the policy of this association to discontinue plan room services, bulletin, insurance, online services, etc. if dues are not paid 30 days after date of statement. Resignation MUST be made in writing prior to the expiration date for which dues have been paid. Resignation may not be accepted when dues are in arrears. They shall accrue until paid. **VERBAL RESIGNATIONS ARE NOT ACCEPTABLE!** The Board of Directors under the By-Laws of the Exchange has authority to adjust the annual dues at any time, if in their discretion it is necessary because of economic conditions or additional services, and after due notice is given to members of the Exchange. If accepted for membership, I agree to abide by all Rules and Regulations of the Exchange.

I have read the above and agree to all terms of the Application for Membership.

Authorized Signature of Applicant

Date

FEE: ☐ \$100 annual for Online Plan Room
☐ \$200 annual for Statewide Plan Room (Additional)

✓ **YES! I would like to subscribe to the new Online Plan Service.** I understand there are annual fees and that refunds are not available for the annual fee. I also understand that the board may decide to charge a monthly fee for this service at a later date.

✓ **I also understand I must be a member in good standing.** If I cancel my Builders' Exchange membership, or have my membership suspended for cause, my username and password will also be disabled.

Company Name _____
Contact Name _____
Company Address _____
City, State, Zip _____
Phone Number _____ FAX Number _____
Contact E-mail: _____
(WRITE CLEARLY! We will email your user information)

Additional Users

Name (First and Last) _____
Email _____
Name (First and Last) _____
Email _____

Payment method:

(Check one) ☐ **Check included** ☐ **Credit Card** Total: _____

✓ **Sign me up!** I am aware of the fees, system requirements and the usage agreement.

Signature: _____

Mail to: Builders' Exchange of Santa Clara County, 400 Reed St, Santa Clara, CA 95050
Fax: 408-727-2779 or Email: info@bxsc.co

FOR OFFICE USE ONLY

BXSC Member # _____ Inv # _____ Date E-mailed User Name and Password _____



Builders' Exchange OF SANTA CLARA COUNTY

Credit Card Authorization Form

(please keep a copy for your records)

Please Print

Company _____

Main Contact _____

Billing
Address _____

Phone _____ Fax _____

Credit Card Number _____ Exp. Date _____

Card Type (Circle): AMEX VISA MAST DISC CSV CODE _____

Name as it appears on Card _____

I authorize Builders' Exchange to charge our credit card the following amount

Amount

Signature

Date

Print Name

Thank you!