

## South Shore Membership Application Form

**General information:** (please print)

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

Representative: \_\_\_\_\_ Position: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Other information:**

Mortgage Company (if applicable): \_\_\_\_\_

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

**Major Building Material Suppliers or Other Business References:**

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

**Please indicate which of the following best describes your business:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Professional Builder   | <input type="checkbox"/> Flooring Specialist          | <input type="checkbox"/> Manufacturer          |
| <input type="checkbox"/> Professional Renovator | <input type="checkbox"/> Foundation Contractor        | <input type="checkbox"/> Service Professional  |
| <input type="checkbox"/> Land Developer         | <input type="checkbox"/> Heating/Ventilation Supplier | <input type="checkbox"/> Financial Institution |
| <input type="checkbox"/> Trade Contractor       | <input type="checkbox"/> Windows & Doors              | <input type="checkbox"/> Media                 |
| <input type="checkbox"/> Building Supplier      | <input type="checkbox"/> Supplier                     |  |

**Are you a member of:**

- Better Business Bureau?       Atlantic New Home Warranty?

**Sponsor Information:**

All new members must have a sponsor from within the association. If you require assistance, please contact the NSHBA office for a full list of members (450-5554/1-800-668-2001)

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

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

**Membership Fees:**

Full-year membership fees are **\$554.35 plus HST from November 1 to October 31**. Membership fees are pro-rated, please contact the NSHBA office to ensure the correct amount. Payment is accepted by Visa, Mastercard or Cheque (HST# 137585279), please make cheques payable to **Nova Scotia Home Builders' Association**.

- Cheque       Visa       Mastercard

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

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

*"It is the mandate of the Canadian Home Builders' Association at all levels, local, provincial and national, to provide information, promote membership and foster communication, eg., catalogues of members, Internet information, new products and services, etc. The applicant hereby consents to the use of the information in the application for such purposes (banking and credit card information excepted) by all levels of the CHBA."*

This membership application is subject to the approval of the Board of Directors of the South Shore Home Builders' Association. I give permission to the NSHBA to perform a credit check on the above company. I have read, understand and agree to abide by the Code of Ethics of CHBA/NSHBA.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

## Code of Ethics

Members shall comply with applicable building codes of Canada as a minimum standard for construction and shall work toward its improvement in the interests of structural sufficiency, safety and health.

Members shall plan their sites and homes to conform to the principles of good community planning and support for the environment.

Members shall deal justly with their employees, subcontractors and suppliers of all goods and services.

Members shall deal honestly and fairly with their customers and stand behind the quality of their work and service commitments.

Members shall exchange information and experience, and encourage research on materials, technical advancements and building techniques in order to provide the best value for their customers.

Members shall avoid all conduct or practice detrimental to the house building industry, to the Association, to the good name or reputation of any of its members, or its consumers.

Members shall commit to continuing learning through human resource policies and practices, including employment practices which treat employees as assets.

Members shall actively promote health and safety principles.

Members shall treat their competitors, including their property and ideas, with respect.

**These responsibilities are freely and solemnly  
assumed as they form part of an obligation as  
Members of**



I have read and agree to the above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_