

QCBR Association Membership Application

Name: _____ Title: _____

Business Name: _____ Website: _____

Primary Physical Business Address: _____
(Street) (City-State-Postal Code)

Billing Mailing Address: _____
(Street) (City-State-Postal Code)

Business Phone: _____ Mobile Phone: _____

Email Address: _____ Fax: _____

NAHBA Membership Identification Code (For Internal use only):

1	2	3	4	5	6	7-10						11

Detailed Description of Business: _____

IA Builder / Remodeler Dues \$500 _____

IA Associate Dues \$500 _____

IA Affiliate Dues* \$50 _____

*Affiliates MUST be an employee of a current Builder/Associate Member

IA/IL Remodelers Council Dues \$65** _____

IL Builder / Remodeler Dues \$525 _____

IL Associate Dues \$525 _____

IL Affiliate Dues* \$75 _____

*Affiliates MUST be an employee of a current Builder/Associate Member

**RC dues are in addition to Builder/Associate dues

I agree to abide by the Constitution & By-Laws of the QCBR Association to which this membership application is directed, of the National Association of Homebuilders of the United States with which it is affiliated and of the affiliated State Association, if such affiliation exists.

Attention ALL Members: I hereby understand, and I am aware that 18%, or \$35.64, of my annual national Builder/Associate dues or \$2.70 of my annual Affiliate dues will be used for lobbying purposes by the National Association of Home Builders and therefore cannot be claimed as a business expense. Remodelers Council dues are exempt.

Attention Iowa Based Members: I hereby understand, and am aware, that 12%, or \$15.00 of my annual state Builder/Associate dues will be used for lobbying purposes by the Home Builders Association of Iowa and thereby cannot be claimed as a business expense.

Attention Illinois Based Members: I hereby understand, and I am aware, that 30%, or \$58.50 of my annual Builder/Associate dues or \$16.50 of my annual Affiliate dues will be used for lobbying purposes by the Home Builders Association of Illinois and thereby cannot be claimed as a business expense.

Your yearly membership will automatically renew unless you cancel within 30 days of the expiration date.

Personal Reference #1

Name: _____

Company: _____

Phone: _____

Email: _____

Personal Reference #2

Name: _____

Company: _____

Phone: _____

Email: _____

Financial Institution: _____

Other Community Organizations: (ie: Chamber of Commerce, Better Business Bureau or other)

1. _____ 2. _____ QCBR Initials: _____ Date: _____

Applicant Signature

Date

Spike Credit given to: _____ ****Return this form to the QCBR Association office****

Quad Cities Builders & Remodelers Association – 3528 Jersey Ridge Road – Davenport, IA 52807

563.441.5692 (Office) – 563.441.5694 (Fax) – www.qcbr.org

[Revised on 03/06/2023]