



**P. O. BOX 1113
 BURLINGTON, IA 52601
 319-753-8787
 FAX 319-753-8786
 E-MAIL: SEIBA@MCHSI.COM
 www.seiba.org**

MEMBERSHIP APPLICATION

Company: _____ Date: _____

Mailing Address: _____
 Street/P. O. Box _____ City _____ State _____ Zip _____

Phone #: _____ Fax #: _____ Cell #: _____ County: _____

of Employees: _____ Yrs. in Business: _____ \$Volume/Year: _____

Ownership: _____ Single Ownership _____ Partnership _____ Corporation

What associations does your firm belong to: _____

Contact Name(s) to be put on mailing/calling list: _____

Email Address: _____ Web Page Address: _____

Would you like your company web site set up as a link on our web site? _____

Contact for Safety and Training Issues: _____

What type of Business is your firm involved in: _____

KEY EXECUTIVES:

(1) _____ (2) _____
 NAME TITLE NAME TITLE

WHO REFERRED YOU TO OUR ASSOCIATION? _____
 (Name) (Business)

The undersigned hereby makes application for membership into the Southeast Iowa Builders Association (SEIBA). The undersigned employer further agrees to abide by and be bound by the SEIBA By-Laws, as may be amended from time to time, and all rules and regulations adopted by the SEIBA, as may be amended from time to time. **The annual fee is \$100.00**

BUSINESS NAME: _____ AUTHORIZED BY: _____
 (Please type or print business name) (Please type or print individual name)

Date: _____
 (Signature by authorized individual)

APPROVAL FOR MEMBERSHIP IN SEIBA:

This application for membership in the SEIBA is approved and accepted this _____ day of _____, _____ (Anniversary date). \$100 Dues were paid on _____.

SOUTHEAST IOWA BUILDERS ASSOCIATION

BY : _____
Secretary