

## **Application for HIC of Staten Island Membership**

### **Type of Membership:**

\_\_\_\_\_ General Membership - Provides a service for the homeowner and is licensed (if required) for two years prior to application. Staten Island location required. Annual dues are \$350.

\_\_\_\_\_ Associate Membership - Provides a product or service primarily to the home improvement industry. Annual dues are \$300

\_\_\_\_\_ Affiliate Membership - Provides a product or service that may be needed by another member, although not primarily to the home improvement industry. Annual dues are \$250.

### **All Applicants: (All items must be completed to be considered for membership)**

**Please Check One:**    \_\_\_ Corp    \_\_\_ LLC    \_\_\_ Partnership    \_\_\_ Individual

Firm Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Date Established: \_\_\_\_\_ Primary Business: \_\_\_\_\_

Territory: \_\_\_\_\_

Firm's Principals (Names & Titles): \_\_\_\_\_

\_\_\_\_\_

Firm's HIC Representative \_\_\_\_\_

### **General Membership Applicants Only:**

Number of Employees (both full/part-time): \_\_\_\_\_

License Type, Date of Issuance, Area of Jurisdiction: \_\_\_\_\_

\_\_\_\_\_

### **Business References: (Three are required)**

Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**Financial Reference:**

Bank name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Please list any other memberships or organizations with which you may be involved:

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I, \_\_\_\_\_, certify that the information presented here is true and accurate.

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

Note: Any inaccuracy may result in termination of membership