



WELCOME FROM THE EXECUTIVE DIRECTOR

Thank you for your interest in joining The Builders Exchange of Central Ohio! As you complete this four-page membership application, please note that:

- 1. All applicants must agree to abide by the standards in this application.
- 2. All applications must be signed by the applying company's President, CEO, Managing Partner or Managing Member.

If you have questions about this membership application or the membership process, feel free to call me at 614.486.9521 x234 or Stacy Sleeper, director of membership and services at x219.

MARY TEBEAU BX Executive Director



MEMBERSHIP CATEGORIES

Membership in the Builders Exchange is a company membership, with each member firm designating two **Key Contacts.** Additional employee memberships from a member firm are called **Associate Members** and enjoy all rights of membership except voting on association issues.

Their individual names are published both in print and online in the BX membership directory, so your company's key leadership is clear. They will receive all BX communications, both print and electronic versions.

The honorary, non-voting category called **Senior Member** is reserved for individuals who are at least 60 years of age and can substantiate their involvement at the Builders Exchange for at least 20 years.

MEMBERSHIP COSTS

Every member firm of the Builders Exchange of Central Ohio pays the same annual fee for its company membership. Additional membership costs incurred by firms are for individuals who are added as Associate or Senior Members.

The one-time application fee is \$100 per company, unless the firm's membership has lapsed for 12 months or more. The fee must accompany a firm's membership application.

Company annual membership dues are \$910 and are prorated quarterly.

Associate annual membership dues are \$75 and are prorated in October.

Senior annual membership dues are \$25.



The Builders Exchange of Central Ohio advances the commercial construction industry as the resource for communication, education, services and recognition.

MEMBERSHIP STANDARDS

- 1. All Key Contact and Associate memberships are owned by the member company, not by an individual. Once a firm is approved for membership, only the company's Key Contacts or President/CEO may authorize changes in the firm's individual members.
- 2. Invoice terms for all dues and other indebtedness to the Builders Exchange are payable upon receipt, along with reasonable collection costs, if necessary.
- 3. Members in good standing are encouraged and authorized to use association-provided and approved official "BX Member" marks in advertising and promotional efforts. Companies may not, however, in any way state or imply that they have been endorsed by the Builders Exchange. (Exceptions are firms that have been selected, in an established process by the Board of Directors, as an endorsed service provider of the Builders Exchange.) Please contact the BX for artwork and guidelines.
- 4. Applying companies may be sponsored by a BX member firm, or by a member of the Builders Exchange staff.
- 5. Applicants will be notified that their membership has been processed.

COMPANY MEMBERSHIP APPLICATION

Company Name:		
Year Founded:		
Business Mailing Address:		
City:		
Phone: ()	Fax: ()	
Company Website:		
Billing Address (if different):		
City:	State:	Zip:
List your company's two Key Contacts:		
Key Contact Name:		
Title and Email:		
Key Contact Name:		
Title and Email:		
List your company's Associate Members	s (\$75 each):	
Names:		
Titles and Fmails:		



) TYF	PE OF BUSINESS: (Please check only one,)					
	Architectural Firm	Manufacturer (Product:)					
	Commercial Developer / Owner	Material Supplier (Product:)					
	☐ Engineering Firm	Specialty Contractor (Specialty:)					
	General Contractor / Construction Manager						
	☐ Industry-Related Service (Describe:)						
CER	RFIFICATIONS: (Please check all that apply)						
		MBE VBE WBE conomically Minority Business Veteran-Owned Women Business antaged Enterprise Enterprise Business Enterprise Enterprise					
	Other						
) ADE	DITIONAL COMPANY CONTAC						
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ADD	The Builders Exchange provides safety trowants to ensure the right managers on you these individuals. COMPANY ROLE* CEO/Top Local Manager: CFO/Top Financial Manager: Operations Manager: Business Development: Human Resources: Training Manager: Safety Director: IT Specialist/Website Manager:	aining, industry education and professional development, and pur team learn about these offerings. There is no cost to add EMPLOYEE NAME AND EMAIL					
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*Note: In many firms, the same person will fill multiple roles - please note that here!





- » Be responsive to the needs of those we serve
- > Be dedicated to looking ahead
- > Champion professionalism
- > Promote respect
- > Celebrate camaraderie
- > Value honesty
- > Be committed to safety

The Builders Exchange offers courses that can be submitted to accrediting organizations for required continuing education units/credits. Currently, the BX is:

- > A U.S. Green Building Council Education Provider for GBCl's LEED Credential Maintenance Program (CMP)
- > An approved training agency for the Ohio Construction Industry Licensing Board (OCILB)
- > A registered provider for the American Institute of Architects Continuing Education Systems (AIA/CES)

We would like to electronically contact the employees who require these continuing education credits when we launch a program that will provide them needed credits. There is no cost to add these names and they will be kept confidential by the Builders Exchange.

Employee Name(s) and Email	Circle all credits of in	iterest for each				
				LEED	OCILB	AIA
				LEED	OCILB	AIA
				LEED	OCILB	AIA
				LEED	OCILB	AIA
I have read this four-page appli	cation and agree to ab	ide by its stand	lards.			
First Key Contact's Signature:						
Second Key Contact's Signature:						
Company CEO/President's Signat	ture:					
Sponsor's Name and Company (if	applicable):					
Application Fee (\$100 per compact Company Annual Dues Associate Member Dues (Senior Member Dues (\$25, if applications) BX Scholarship Fund - Charitable	ny) @ \$75 per person) Dicable)			\$ \$ \$	100 910 25	
TOTAL AMOUNT DUE:				\$		
Enclosed is my company's paym	nent, which signifies our	r awareness of	all informati	on in t	his applic	ation.
Method of Payment: (Check one	e) Check Master Card	AMEX VISA	Discov	er		
Credit Card Number:			_ Exp. Date	:		
Cardholder's Name			Phone:			
Total Amount Enclosed / to be ch	arged: \$	Signature:				

Return this application, with appropriate payment to: Builders Exchange of Central Ohio, ATTN: Stacy Sleeper 1175 Dublin Rd.

Columbus, OH 43215 Fax: 614.486.7620 Email: ssleeper@bx.org