

Application for Membership



Builders Exchange
P.O. Box 5398 Louisville,
KY 40255-0398

961 Beasley St, Suite 240,
Lexington, KY 40509
(859) 288-0011

2300 Meadow Drive
Louisville, KY 40218
(502) 459-9800
(502) 459-9803 fax

info@bxkentucky.com
www.bxkentucky.com

Is your firm currently a
member of KCIT
(Kentucky
Construction
Insurance Trust)?

Yes No

If yes, what is your
KCIT policy #?

Is your firm currently a
member if the Kentucky
AGC/SIF?

Yes No

If yes, what is your
AGC/SIF policy #?

The undersigned hereby makes application for membership in the Builders Exchange of Kentucky, Inc., agreeing, if accepted, to abide by the rules and regulations embodied in the Articles of Incorporation and By-Laws of the Exchange. **(Please Print)**

Date: _____

Company Name: _____

Address: _____

City/State: _____ Zip: _____

Mailing/Billing Address, If different from above:

Telephone: (____) _____ Fax: (____) _____

Web Site Address: _____ E-Mail: _____

Our Primary Business is: _____

Category: General Contractor Subcontractor Supplier/Manufacturer

Please direct all correspondence to Mr./Ms. _____

Title: _____ E-Mail: _____

Year established: _____

Are you a member of the Superfleet Fueling program? Yes No

Principal or Principals name: _____

Certified DBE status: MBE ____ WBE ____ DBE ____

Federal Tax I.D. Number: _____

Your Name: _____ Title: _____

Signature: _____ Date: _____

For Office Use Only:

PROUD AFFILIATE OF





Admission Fee **\$100 (One time only fee)**

Membership Dues **Standard Membership - \$910 per year**

Membership Upgrade

_____ NO - We are only interested in the Standard Membership at this time. We understand we will not be able to access specs, addenda and drawings via IPIN and the internet.

_____ YES - We do want to be able to access specs, addenda and drawings via IPIN and the internet (choose 1 of the following billing methods).

_____ \$225 Quarterly Fee

_____ \$730 Annual Fee

We understand these fees are in addition to our regular membership dues.

Billing and Payment Preferences

A. We prefer to receive our dues and invoices by (Check One):

Email Only: _____ Standard Mail Only: _____ Both Email and Mail: _____

B. Our Primary Billing Contact is:

Billing Contact Name: _____

Billing Contact Email: _____

C. Online Payment:

Once we have your email address above on file, you have the *option* to submit and review payments for dues and invoices online by going to <http://www.bxkentucky.com/products-services/billpay/>.

Once you have created an account, you will also have the option to sign up for **automatic recurring dues payments**.

Check this box if you would like to receive more information regarding Automatic Payments.

Company Name (please print)

Authorized By (please print)

Your Signature

Date

PLEASE EMAIL THIS FORM TO APPLICATIONS@BXKENTUCKY.COM OR FAX THIS FORM TO: (502) 459-9803

Please complete the information below for each employee of your firm who needs access to our online planroom. The Password must be at least 5 characters in length. It may be any combination of letters and/or numbers. Users will also be signed up for our monthly E-Newsletter, which provides industry news and trends, training opportunities, information on special events, and technology tips. (Use Additional Sheet If Needed). Please type or print legibly.

* The Administrator will be responsible for updating company personnel as needed. Only the Exchange can administer passwords.

	<u>Persons Name</u>	<u>Title</u>	<u>E-Mail Address</u>	<u>User ID</u>	<u>Password</u>
*1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

Check this box if you are NOT interested in signing up for our monthly E-Newsletter, which provides industry news and trends, training opportunities, information on special events and technology tips.

Firm Name _____ Phone/Fax _____ / _____

Address _____ Your Name(Administrator*) _____

City/State/Zip _____ Date _____

Please list your company's web-site address if applicable. _____

Please list your company's general e-mail address if applicable. _____

Please fax this form to Builders Exchange of Kentucky at 502-459-9803 or Email it to applications@bxkentucky.com. We will notify you when the user id and passwords have been established.

THE BUILDERS EXCHANGE ONLINE SERVICE AGREEMENT:

1. I understand **THE BUILDERS EXCHANGE IPIN SYSTEM** is for use only by those companies, agencies and individuals that have a fully paid membership to **THE BUILDERS EXCHANGE**. Furthermore, I understand the information contained therein is proprietary in nature under copyright law, and has market value.
2. Only employees of the company listed below will use the IPIN system. Employees are defined as persons receiving a W-2 from said company for the current year. **Sub-contractors and consultants are not considered employees.**
3. Any distribution of account name(s) and password(s) to person or persons outside your company will result in ***immediate termination of all services.***
4. I understand that when I have employees that terminate employment with our company, I will notify Builders Exchange promptly.
5. I understand that Builders Exchange may cause our password(s) to be changed from time to time.
6. **I will on the attached sheet list the name and password for each employee of my firm who is to have access to your on-line project information. (As defined above.)**

I understand and agree to the following terms and conditions as they apply in using THE BUIDLERS EXCHANGE ONLINE service.

Signed: _____

Print Name: _____

Title: _____

Company: _____

Date: _____

EMAIL YOUR COMPLETED APPLICATION TO APPLICATIONS@BXKENTUCKY.COM OR FAX

IT TO: (502) 459-9803