



APPLICATION FOR MEMBERSHIP

TYPE OF MEMBERSHIP:

___ General Membership – provides a service for the homeowner exceeding \$200 and is licensed for three years prior to application¹. Business must be located on Staten Island . Annual dues are \$575.00.

___ Associate Membership – all other members other than General Members. Annual dues are \$495.00

ALL APPLICANTS: (All items must be completed to be considered for membership)

Please check one: ___ Corporation ___ LLC ___ Partnership ___ Individual

Firm Name _____ Date Established: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

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

Contact Name: _____ Email Address: _____

Primary Business: _____ : Areas Serviced: _____

Firm's Principals (Names & Titles): _____

Firm's HIC Representative: _____

General Membership Applicants Only: # of Employees: Full Time: _____ Part Time: _____ Seasonal: _____

License Number: _____ License Type: _____

Date of Issuance: _____ Area of Jurisdiction: _____

General Liability Insurance Carrier: _____

Worker's Compensation Insurance Carrier: _____

Financial Reference:

Bank Name: _____ Type of Account: _____

(i.e. personal or business)

Address: _____ Telephone: _____

¹ A new potential General Member may make application for membership that has not been in business for three years but must be sponsored by an existing General Member and voted in by majority requirements set forth in By-Laws.

HIC of Staten Island, Inc.
888 HUGUENOT AVENUE, STATEN ISLAND, NEW YORK 10312

e-mail: narihic@gmail.com website: www.hicofsi.org

APPLICATION FOR MEMBERSHIP

Page 2

Business References: (Three are required)

Business Name: _____ Contact Person: _____

Telephone: _____ Address: _____

Business Name: _____ Contact Person: _____

Telephone: _____ Address: _____

Business Name: _____ Contact Person: _____

Telephone: _____ Address: _____

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

I, _____, _____ of _____
(name) (title) (company name)

_____, certify that the information presented here is true and accurate.

Sign Here

Print Name Here

Date

Payment Method: (payment of dues must be included with this application – payments will not be processed or deposited until membership has been approved)

Amex _____ Visa _____ M/C _____ Check Enclosed _____ Check # _____

Credit Card # _____

Expiration Date: _____ Security Code: _____ Billing Zip Code: _____

Credit Card Authorization: _____

I have read and agree to the conditions and information regarding membership. I further understand that payment information is required at the time I make application for membership, however will not be charged/deposited until my company has been accepted as a member of HIC of Staten Island, Inc. pursuant to their by-laws.

SIGNATURE: _____

Note: Any inaccuracy on this application may result in termination of membership.