

Great Falls Builders Exchange

325 2nd Street South, Great Falls, MT 59405
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www.greatfallsplans.com

Membership Application

Company Name _____

Mailing Address: _____

Billing Address (if different): _____

City: _____ State _____ Zip _____

Phone: _____ Fax: _____

Primary Contact Name (please print legibly): _____

Primary Contact E-Mail Address: _____

Turn over to input your company's user information

Please Check Applicable Membership Fees and Extras

\$395.00 Annual Full Membership- All Memberships renew July 1st

\$_____ Dues PRO-RATED (\$33.00/mo x ___ mos)

\$90.00 Annual Business Card Size Ad in Weekly Bulletin- subject to availability

Total \$_____

Checks payable to: Great Falls Builders Exchange

Check this box if you wish to use a credit card. You will be contacted for your information.

I understand that my use of the Exchange in any way constitutes my agreement to abide by the rules of the Great Falls Builders Exchange.

Signature: _____ **Date:** _____

*******GFBE Office Use Only*******

PMT: _____ OPS: _____ OTLK Bull: _____ QB: _____ FILE: _____

OPS Registration Form

(Online Planroom)

Company Name: _____

Current Address: _____

Phone _____ Fax _____

Web URL (if applicable) _____

What is the main type of work that your company does? _____

List up to 5 users for your company

#1 First Name _____ Last Name _____

Job Title _____ Email Address: _____

User Name: _____ Password: _____ (must be at least 4 characters)

#2 First Name _____ Last Name _____

Job Title _____ Email Address: _____

User Name: _____ Password: _____ (must be at least 4 characters)

#3 First Name _____ Last Name _____

Job Title _____ Email Address: _____

User Name: _____ Password: _____ (must be at least 4 characters)

#4 First Name _____ Last Name _____

Job Title _____ Email Address: _____

User Name: _____ Password: _____ (must be at least 4 characters)

#5 First Name _____ Last Name _____

Job Title _____ Email Address: _____

User Name: _____ Password: _____ (must be at least 4 characters)