

OMAHA BUILDERS EXCHANGE New Membership / Online Planroom Membership Form

Company Name:				
Contact Person:		Title:		
Contact Email:				
Telephone:		Fax:		
Mailing Address:				
Mailing Address: (Street/PO	Box)	(City)	(State)	(Zip)
Billing Address (if different from M	failing Address):			
(Street/PO Box)	(City)		(State)	(Zip)
OBE Annual Membership / Men	nbership Bundle	e Options		
Please select from the following C	OBE Options:			
1 year OBE Membership [Dues (\$300.00)			
1 year OBE Membership [Dues & Online Pl	anroom Memb	ership Combined (\$1	,200.00)
Method of Payment:				
☐ Check Enclosed				
Please make checks payable	to: Omaha Builde	ers Exchange,	Inc.	

Member Information

Our firm is a	(check one):
	Subcontractor
	Supplier
	General Contractor
If known, ple please):	ease indicate the 5 digit NAICS code your firm should be listed under (1 code only

Please circle which of the following categories apply to your business:

1. Architecture	10. Equipment	19. Mechanical
2. Building Supplies	11. Excavation	20. Painting
3. Carpentry	12. Finish Carpentry	21. Roofing & Waterproofing
4. Concrete	13. Fire Protection Piping	22. Special Construction
5. Doors & Windows	14. Flooring & Tile	23. Specialties
6. Drywall & Ceilings	15. Framing	24. Structural & Misc. Metals
7. Electrical	16. General Contracting	25. Survey
8. Elevators	17. Masonry	26. Utilities
9. Engineering	18. Material Testing	27. Other:

Return this New Membership / Online Planroom Membership Form along with your payment to:

Note our new address and contact information

Omaha Builders Exchange 4159 South 94th Street Omaha, NE 68127

Phone: (402) 991-6906 Fax: (402) 884-7055

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