



# Membership Application

Business Name \_\_\_\_\_

Name of Representative \_\_\_\_\_

Business Address \_\_\_\_\_  
Street Address City State Zip

Telephone \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_  
(one-time link fee of \$25)

Please attach a certificate of insurance or have agent fax to: 989-835-2519

Membership Classification:  
 (please check one)

- Builder attach copy of current license
- Associate/Trades Contractor
- Affiliate \$25.00 per year

Please complete this section for Builder and Associate members only - codes on back

Business Activities	\$Vol	Units	#of Employees	Title
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

Other Classifications (please specify)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Do you hold a valid MI Builders License? \_\_\_\_ YES \_\_\_\_ NO

I agree to abide by the Constitution and Bylaws of the HBA of Midland, of the National Association of Home Builders, and the Home Builders Association of MI. Of the amount remitted by me for annual dues, \$15 is for subscription for one year to BUILDER magazine and \$10 for NAHB news.

(Please check one)

- The membership fee of \$495 is enclosed.
- Contact me for my credit information.

List three referrals:

Sponsor/Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Sponsor/Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Sponsor/Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

The undersigned hereby applies for membership in the HBA of Midland; agrees that the answers herein are true and agrees to abide by the Code of Ethics and deliberative acts of the assembled membership and the Board of Directors of the Association.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

*Return this application to: Executive Officer, HBA of Midland, P.O. Box 1763, Midland, MI 48641-1763*

*Dues payments are NOT deductible as charitable contributions for federal tax purposes. However, dues payments may be deductible by members as ordinary and necessary business expense.*