

Application for Membership

Section 1

Name			Date Title			
Mailing Addres	Street/P.O. Box					
-	Street/P.O. Box	City		State	Zip Code	
Office Phone		Cell		Fax		
E-Mail Address	8					
Web Site						
Brief descriptio	n of business (keywor	ds for directory se	earch):			
Builders Mutua	l Insurance Participan	t? Yes	No			
Section II - Mo	ember Classification	(Please Check Or	ie)			
	<u>ler</u> - Someone engage ral Contractors Licens		business w	with a current	North Carolina	
Name	Name of Qualified Licensee				se #	
(Mus						
Type (Mus	<u>ciate</u> - Anyone that en if business t complete Section III <u>iate</u> - An additional p)		_ State Licens	se #	
that c	lesires the benefits of	association memb	ership.			
Mem	ber Affiliation			_ Member ID#	ŧ	
(Skip	to Section IV)					
Section III Type of Business (Corp., Sole Proprietor, etc)				Number of Employees		
Federal Must atta	Tax ID # ach Certificate of Workma	n's Compensation Ins	urance (requi	red for 2 or more	e employees)	
Section IV - R	eferences (other HBA	of Craven & Par	nlico Cour	ties members)	
•	Address			Years Acq	uainted	
2 Member						
NAHB	of Home N Builders	ox 14009 • 1433 \$ lew Bern, North ((252) 636-3707 •	Carolina 28	561	Building For A Better Tomorrow	

Section V

I agree to abide by the constitution and by-laws of the National Association of Home Builders, the North Carolina Home Builders Association and the Home Builders Association of Craven & Pamlico Counties. A remittance of \$460.00 representing my annual membership dues for Builders and Associates or a remittance of \$100.00 representing annual membership dues for Affiliates in these Associations accompanies this application. In addition to dues a one time application fee of \$25.00 must also be submitted with this application for any type of membership. A portion of dues payments may be deductible as an ordinary and necessary business expense.

Signature of Applicant				
I would like to link my website on the HBA website for a low fee of \$25year.				
Website Address				
Sponsored by				
Company name				
Type of Payment: Check Cash Credit Card				
VISA Master Card Discover				
Name on Credit Card				
Credit Card Number				
Billing Zip Code Expiration Date				
Total Remittance				

Revised 1/1/18