

## Brunswick County Home Builders Association MEMBERSHIP APPLICATION

GENERAL INFORMATION							
Name:				Date:			
(Individual who will be HBA designated contact)							
Company name:							
Title:							
Phone:	Mobile #:		Fax:		E-mail:		
Company mailing address:							
City:			State:		ZIP Code:		
BUSINESS INFORMATION							
Date business commenced:			How lor	ng in business:			
Sole Proprietorship:	Partnership:		Corpora	ition:	Limited Liability Co:		
Membership Classification: (Choose <u>one</u> that best fits your business)							
Builder: Contract	Speculative	Remode	ling	Commercial	Other:		
Associate: Retail Dealer	Wholesale De	ealer Sub Cor	ntractor	Other:			
Type of Business: (Brief Description of type of work done)							
What is the primary reason for joining the BCHBA?							
Number of Employees:							
<b>Note</b> : Due to a recent change in the law, we need your signed permission to keep you informed of programs and events that may be of interest to you, for example construction and building code seminars, General Membership Meetings, the Annual Golf Tournament, Parade of Homes or other ways that you can increase your knowledge of your industry and increase your business's bottom line. Please be assured that your contact information, including email, will be treated with confidentiality.  I understand that by providing my mailing address, email address, telephone number, and fax number, I consent to receive communications sent from the Brunswick County Home Builders Association, the NC Home Builders Association and the National Association of Home Builders via US mail, email, telephone or facsimile to those numbers/ location specified.							
Signature:			☐ Please <u>do not</u> contact me.				
Preferred Method of Contact:							
Builders Mutual Insurance I	Participant:	☐ Yes ☐	] No		☐ Other insurance		
BUILDER APPLICANTS ONLY							
<b>Note</b> : Builder members of the Brunswick County Home Builders Association must have a North Carolina General Contractors' License.							
Name of qualifying individu	al for license:						
State license No:			No. of units anticipated this year?				
Price Range:			Anticipated Annual Dollar Volume:				
Company name:							
REFERENCES			SPONSORED BY:				
(Name)		(Phone)	Name:				
2.			Compar	ny:			
PLEASE CONTINUE ON REVERSE SIDE							

## **APPLICATION CONTINUED**

**Note:** I agree to abide by the By-Laws and Code of Ethics of the Brunswick County Home Builders Association, the National Association of Home Builders, and the NC Home Builders Association. A remittance of **\$450.00** representing my annual dues in these Associations accompanies this application. I realize that dues payable to the Brunswick County Home Builders Association are not deductible as charitable contributions for federal tax purposes. However, dues payments may be deductible as ordinary and necessary business expenses, subject to exclusion for lobbying expense.

The applicant acknowledges that approval of membership by the Board of Directors is contingent on the information provided in this application. Should any information detailed on this application change during the period of membership, the applicant must advise the association of the change in writing.

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Signature of Applicant:	<del></del>				
Application must be accompanied by a check in the amount of <b>§450.00</b> covering annual dues and mailed to:					
Brunswick County Home Builders Association 64 Union School Road Shallotte, NC 28470					
Official Use Only					
Received:	Check #				
Business Type:					
Other:					