



www.hernandobuildersassociation.com

7391 Sunshine Grove Road, Brooksville, FL 34613 Phone: (352) 596-1114 Fax: (352) 597-2414

Certified Executive Officer: Nita Beckwith-Melaugh – E-Mail: nita@naturecoastbuilders.com

“Members Do Business With Members”

3 In 1 Membership – When you join HBA you also become a member of the Florida Home Builders Association and the National Association of Home Builders

MEMBERSHIP APPLICATION

Company _____

Applicant Name _____

Business Address _____

Mailing Address _____

Principal Contact _____

Telephone _____ Fax Number _____

Website _____ E-Mail Address _____

Builder Applicant \$650.00 Annual Dues

State Registration No. _____ Where Validated _____

Date Started Business _____

Associate Applicant \$575.00 Annual Dues

Date Started Business _____ Occupational License No. _____

Principle Trade _____

Affiliate Applicant (Employee of Builder or Associate members of HBA) \$75.00 Annual Dues

Full Member's Primary Company Name _____

Affiliate Name _____ Title _____

Affiliate Email _____

References: (Banks, Suppliers, Contractors, Etc.)

Name _____ Phone _____ E-Mail _____

Name _____ Phone _____ E-Mail _____

I/we Hereby Authorize the Hernando Builders Association or its agents to whom this application is made to investigate any references pertaining to my credit and financial responsibility. This application for membership is subject to review and ratification by the Board of Directors of the Hernando Builders Association.

Applicant _____ Signature _____ Date _____

Sponsor Name _____ Company _____

Approved _____

MEMBERSHIP AGREEMENT

I/we hereby make application for membership in the Hernando Builders Association on the basis of the forgoing statements.

I agree that this application for membership is subject to review and ratification by the Board of Directors of the HBA. Upon approval of application I agree to abide by the Code of Ethics and By-Laws, and copy of which will be provided to me upon request. In the event of termination of membership, I agree to pay all dues and indebtedness to the HBA immediately and discontinue use of the HBA logo and insignias. Further, I understand the HBA Board of Directors has the authority and discretion to reject my application and is under no obligation to disclose or inform me of the basis for the rejection.

Applicant Signature _____ Date _____

Check Number _____ Cash _____ Visa _____ M/C _____ Discover _____ A/E _____

C.C. Number _____ CCV# _____ Exp. Date _____

Billing Address _____

City _____ State _____ Zip _____