



Affiliated with NCHBA

**APPLICATION FOR ASSOCIATION MEMBERSHIP**

To: Sanford Area Home Builders Association

Date: \_\_\_\_\_

From: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

<b>Membership Classification:</b> (Please check one)		Please complete this section for Builder and Associate members only.									
		<b>Note:</b> Please use form codes from the list on page 2 of this document.									
<input type="checkbox"/> Builder		<b>Business Activities</b>				<b>\$Vol</b>	<b>Units</b>	<b># of Employees</b>	<b>Title</b>		
<input type="checkbox"/> Associate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other Classifications</b> (please specify)											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

References: \_\_\_\_\_

I agree to abide by the Constitution and By-Laws of the Local Association to which this membership application is directed, of the National Association of Home Builders of the United States with which it is affiliated, and of the affiliated State Association if such affiliation exists. A remittance of **\$450.00** representing my annual membership dues in the affiliated Association accompanies this application. Of the amount remitted by me for annual dues, \$15.00 is for a subscription for one year to the BUILDER magazine, published monthly, and for \$10.00 for the Nation's Building News, published biweekly except July, August and December. This amount cannot be deducted from the total amount.

\_\_\_\_\_  
(Signature of Applicant)

Sponsored by: \_\_\_\_\_

**Return this Application to: SAHBA  
PO Box 1084  
Sanford NC 27331-1084**