

HOME BUILDERS ASSOCIATION OF HOPKINSVILLE

APPLICATION FOR MEMBERSHIP

TO: HOME BUILDERS ASSOCIATION OF HOPKINSVILLE DATE: _____

FROM _____ TITLE: _____

COMPANY NAME _____ PHONE NO. _____

Email Address: _____ FAX NO. _____

BUSINESS ADDRESS _____
Street City State Zip

MEMBERSHIP CLASSIFICATION: _____ ASSOCIATE BUILDER
\$380.00 per year

_____ REGISTERED BLD/REMODELOR
(Must comply with additional standards)

_____ ASSOCIATE MEMBER

PRIMARY BUSINESS ACTIVITY _____

SECONDARY ACTIVITY _____ NUMBER OF EMPLOYEES _____

BUSINESS REFERENCES _____

Two Business References Required

I hereby agree to abide by the Association's Code of Ethics, Constitution, Bylaws and Industry Standards.

Applicant's Signature

SPONSORED BY _____

Return this Application with Check to:
Home Builders Association of Hopkinsville, Inc
185 Hammond Drive
Hopkinsville KY 42240

For Office Use Only:

Board Approved: _____

State/National Dues Paid _____

Dues payments to HBA are not deductible contributions for federal tax purposes. However, dues payment may be deductible as ordinary and necessary business expense.