



MEMBERSHIP APPLICATION

Please read carefully before filling out application:

- 1.) All membership applications are subject to approval by the Board of Directors of the Columbia Home Builders Association
- 2.) Applicants must attach a copy of their certificate of general liability insurance and workers compensation insurance, as required by law.
- 3.) Dues payments to Columbia HBA are NOT deductible as charitable contributions for federal income tax purposes. However, Dues payments may be deductible as ordinary and necessary business expenses, subject to the exclusion of lobbying activity.
- 4.) Membership in the National Association of Home Builders (NAHB) and Home Builders Association of Missouri (HBAM) is included in the dues paid to the HBA of Columbia.

Sponsor Name: _____

(Please name the Columbia HBA member who was responsible for your decision to join)

Business Name: _____

Business Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Business Phone: _____ **Cell Phone:** _____ **Email:** _____

Number of Employees in Company: _____ **Type of Business:** Corporation: _____ Partnership _____ Sole Owner _____

Business Representative to the HBA and Title: _____

Please check committees on which you wish to serve:

_____ Parade of Homes _____ Home Show _____ Quarterly Membership/Social _____ Golf Tournament _____ Charitable Gifts

PLEASE CHECK ONE BELOW:

1.) BUILDER MEMBER - \$500

(Builder/Remodeler/Developer)

2.) ASSOCIATE MEMBER - \$500

(business involved in construction, material supply, sub contract, home financing or related professions)

3.) AFFILIATE MEMBER- \$250

(companies that do not offer materials, labor, or services directly attributable to a building or remodeling process or project (i.e. car dealer, florist, etc.). Affiliates are not members of State or National associations and have no voting privileges.

I hereby apply and enclose payment for membership in the HBA of Columbia. If approved, I will observe and abide by its bylaws and code of ethics. In the event of my membership termination, I agree to discontinue use of its insignia in any and all forms.

APPLICANT'S SIGNATURE: _____ **Date:** _____