



HBANMS Membership Enrollment Form

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

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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Brief Description of your business: \_\_\_\_\_

Membership Classification:

Please check one:

Builder \$395 New Builder Member

If you are applying for BUILDER MEMBER status, you must provide to the HBA a copy of your Mississippi license.

Associate \$395 New Associate Member

Affiliate (Someone from same company) \$250

\*Prior members that have lapsed and dropped from records will be considered a "new member"

Sponsor's Name: \_\_\_\_\_

Important Notices

Annual membership dues for builder and architect members also include \$15 for a one-year subscription to BUILDER Magazine. Members may not deduct subscription prices from total dues.

Consent:

I agree to abide by the constitution and bylaws of the LOCAL Association to which this membership application is being directed, of the NATIONAL Association of Home Builders of the United States with which it is affiliated, and the STATE Association if such affiliation exists. A remittance of \$375 representing my annual membership dues accompanies this application.

I understand that dues payments are not deductible as charitable contributions for federal income tax purposes. However, dues payments may be deductible as an ordinary business expense, subject to exclusion for lobby activity. Because a portion of your dues is used for lobbying by NAHB, and HBAM (state) \$38 (2011), is not deductible for income tax purposes.

I understand that by providing the fax number above and signing this form, on behalf of my company/organization specified above, I consent to receive faxes sent by or on behalf of the National Association of Home Builders, and the affiliated state and local HBAs of which I am also a member. I further represent that I am authorized to give this consent on behalf of my company/organization.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Check Attached \_\_\_\_\_ Please charge my \_\_\_\_\_ Visa \_\_\_\_\_ M/C \_\_\_\_\_ AmEx

Name on Card \_\_\_\_\_ Card # \_\_\_\_\_

Exp Date \_\_\_\_\_ V-Code # \_\_\_\_\_ Signature \_\_\_\_\_

Mailing Address of Card \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please Return to: HBANMS \* 5699 Getwell Road G-2 \* Southaven, MS 38672 \* Phone (662) 349-0181