

If applying for BUILDER MEMBER status, please provide BUILDER LICENSE# _____

New Member Enrollment Form



Applicant: _____ Title: _____

Company: _____

Phone: _____ Cell: _____ E-mail: _____

Business Fax: _____ Personal Fax: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Membership Classification: (Refer to codes on reverse side)

Please check one

- Builder \$350
- Associate \$350
- Affiliate \$205

Business Activities for Builder and Associate Members Only.

Primary*	Secondary*	Tertiary*	\$Vol	Units	# of Employees	Title*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Affiliate, Employer's PIN Required Below

Sponsor PIN for Spike Credit

Sponsor's Name: _____

* For Associate Members, if Code Z is used for business activity, please explain: _____

* If Code 9 is used, please specify title: _____

IMPORTANT NOTICES

Annual membership dues for builder and architect members also include \$15.00 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 of the State Association if such affiliation exists. A remittance of \$_____ 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 an exclusion for lobby activity. Because a portion of your dues is used for lobbying by NAHB, and affiliated state (if applicable) and local association, _____ % of the total dues, or \$_____, is not deductible for income tax purposes.

I understand that by providing the fax number(s) 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.

Please indicate state (if applicable) and local association names: _____

Signature of Applicant: _____ Date: _____

Return this enrollment form to the Local/State (if applicable) HBA to which you are applying.