



Membership Application

Return completed application and membership dues check to:

Home Builders Association of Central Virginia
20334 Timberlake Road; Suite 3
Lynchburg, VA 24502
Phone 434.385.6018 ~ Email: Jeanne@hbacv.org
Dues: \$467.00 annually

Company's Name*: _____

Representative's last Name*: _____ First Name*: _____ Title*: _____

Mailing Address*: _____
(Street) (City) (State) (Zip)

Phone*: () _____ Fax: () _____ Cell Phone: () _____ e-mail address: _____

What is the best way to reach you*? (Please check at least one) Phone () Fax () Cell Phone () e-mail ()

Briefly describe your Business*: _____ I am applying for a: ___ Builder ___ Associate

No. of employees: _____ Insurance Provider*: _____

Business/Contractors' license #*: _____ States/localities where licensed*: _____

Annual number of homes built: _____ Business volume in dollars (est.): _____

References*(members with whom you do business): _____

Sponsor's Name*: _____

Enclosed is our yearly dues that gives our company listed above membership in three levels of Home Builders Associations: Home Builders Association of Central VA (HBACV), Home Builders Association of VA (HBAV) and National Association of Home Builders (NAHB).

** Required fields.*

Please send this completed application and your membership check made payable to:
Home Builders Association of Central Virginia (HBACV)

IMPORTANT NOTICE

Dues paid are deductible as an *ordinary and necessary business expense*.

Payments made are NOT *charitable contributions*. Please note that \$12.50 of the state (HBAV) portion goes to the state Build-Pac fund. If you do not wish that money to go into that fund please enclose a note stating that.

For office use only: Approved: ___ as a Builder member ___ as an Associate member ___ pending- more info needed ___ not approved