

## **Membership Application**

Return completed application and membership dues check to:

## Home Builders Association of Central Virginia 20334 Timberlake Road; Suite 3 Lynchburg, VA 24502

For additional information contact HBACV Executive Officer Bob Morgan Office Phone 434.385.6018 / Cell Phone: 434-841-7588 / Email: <u>bob@hbacv.org</u>

Company's Name*:				
Representative's Last	First Name*:			
Mailing Address*:(St	treet)	(City)	(State)	(Zip)
Business Phone*: ( )	Cell Phone: (	)		
Email address:		-		
What is the best way to reach you* - Bu Business Website Address:			, , , , , , , , , , , , , , , , , , ,	-
Briefly describe your Business*:			am applying as a	member (check one)
		_	Builder	Associate
No. of employees: Insurance P				
Business/Contractors' license # **:	v	States/localiti where licensed**	es :	
Annual number of homes built:	Business volume in d	ollars (est.):		
References*(members with whom you do	o business):			
Sponsor's Name*:				

ANNUAL Dues: \$475.00 - single fee covers memberships in local, state and national associations

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 all applicants. \*\* Required fields Builder/Trades application.

Return completed application and your membership check payable to: Home Builders Association of Central Virginia

**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