



Membership Application

Home Building Association of Central Virginia
21 Greystone Drive; Suite 2, Lynchburg, VA 24502

*Return
completed
application and
membership
payment to
HBACV office*

Company's Name*: _____

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

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

Business Phone*: () _____ - _____ Cell Phone: () _____ - _____

Email address*: _____

What is the best way to reach you? * - Business Phone () Cell Phone () Text () Email: ()

Business Website Address: _____

Categorize your Business*: (builder, framer, mortgage, fuel etc.) Membership Class: (check one below)

Builder () Remodeler () Associate () Affiliate ()

ANNUAL DUES: Builders \$535 - single fee covers membership in local, state & national associations
Associates \$535 - single fee covers membership in local, state & national associations
Affiliates \$125 - individual real estate agents, additional subsidiaries of full-member firms

No. of employees: _____ Insurance Provider **: _____

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

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

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

Sponsor/Recruiting Member's Name*: _____

By signing you agree to the HBACV Code of Ethics: _____
(signature)

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

I prefer to pay by credit card. (Call HBACV office - 485-0091 - to complete this transaction by phone.)

** Required fields all applicants. ** For Builder/Remodeler/Trades applicants only.*

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

For additional information contact HBACV Executive Officer Matt Holley
Office Phone 434.386-8558 / Cell Phone: 434-942-5992 / Email: matt@hbacv.org