

AUXILIARY COUNCIL

PLEASE CHECK ONE: ASSOCIATE MEMBER BUILDER MEMBER

PLEASE PRINT THE FOLLOWING INFORMATION:

Name : _____ Birthday: Month ____ Date ____

Company Name: _____

Telephone: _____ Cell: _____ Fax: _____

Email: _____ Website: _____

BUSINESS ADDRESS:

Address: _____

City: _____ State: _____ Zip Code: _____

LIST TWO SERVICES/PRODUCTS PROVIDED BY YOUR BUSINESS:

1. _____

2. _____

SPONSOR INFORMATION: (HBA member who encouraged you to join)

Name: _____ Company Name: _____

MEMBERSHIP AGREEMENT:

I agree to abide by the Home Builders Association of West Florida-Auxiliary Council's By-laws.

Signature: _____ Date: _____

Payment:

_____ please bill me \$75.00 for my membership.

_____ Membership fee enclosed; Check payable to Home Builders Association of West Florida

_____ please charge my credit card: _____ MasterCard _____ VISA _____ AMEX

Card Number: _____ CVV Code: _____

Name on card: _____ Expiration Date: _____

SIGNED _____ DATE _____

SIGNATURE OF APPLICANT