



2019 Membership Application

Home Builders Association of Central Virginia
20334 Timberlake Road; Suite 3, 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 \$495 - single fee covers membership in local, state & national associations
Associates \$495 - single fee covers membership in local, state & national associations
Affiliates \$ 95 - 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 - 385-6018 - 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 Bob Morgan
Office Phone 434.385.6018 / Cell Phone: 434-841-7588 / Email: bob@hbacv.org