

2022 Membership Application

Home Builders Association of Central TN 2615 Medical Center Parkway Suite 1560 Murfreesboro TN. 37129

(615)-869-8325

| Please PRINT Clearly | | | All members are ask to p | articipate in |
|--|---------------------|----------------------------------|---|---------------|
| Date: | | | the funtions and goals of | the Assoc. |
| Name: | | | Committees choices: | |
| Title: | | | _ Ambassado | r |
| COMPANY NAME: | | | | |
| Street Address | | | _ Golf | |
| City: | State | Zip | Gov. Affairs | |
| Phone: | | | Membershi | o |
| Mobile: (IF Different) | | | Finance | |
| Email: | | | Membership Fees: | |
| Website: | | | | |
| | | | Circle Membership Type | |
| Product or Service | | | Builder | \$595.00 |
| If you Build is it Track / Custom / Remodel / General | | | Associate | \$595.00 |
| Is there a Secondary Product or Service | | | Affiliate | \$65.99 |
| | | | (NAHB and Local) | |
| Who Suggested You Join | | | **Note - This membership must have | |
| General Contractor's Lic# | | | a Primary Builder/Assoc. memberhip | |
| *Annual Dollar Volume of All Construction Development | | | to attach to. It will have it's own I.D | |
| <\$1million \$5 Million to \$10 Million | | and will receive mail from NAHB | | |
| \$1 Million to \$5 Million | _ > \$10 | Million | | |
| *Number of annual dwelling units | | | Payment Options: | |
| *Number of Employees | | | Check (Mailed to Address Above | |
| IMPORTANT: I understand that by providing my contact | | | Credit Card (Call number Above) | |
| information I consent to rec | eiving communica | ntions, including | | |
| advertisements for goods ar | nd services, sent b | y or on behalf | 3-Monthly Payments: | \$201.66 |
| of the HBACTN via regular mail and email. | | | (\$10 billing fee+\$198.33/pymt | |
| MY PREFERRENCE METHOD of COMMUNICATION is | | | 1st payment with application | |
| Email Mail Phone | | 2nd payment 30 days | | |
| Pledge: I agree to abide by the Constitution and By-Laws, | | 3rd payment 60 days) Call please | | |
| Including it's Code of Ethics | , of the HBACT of | the NAHB with | | |
| which it is officiated, and of | f the HBACT | | | |
| | | | Amount Remitted: | |
| | | | Dues Collect | |
| Signature | | | | |