

# APPLICATION FOR MEMBERSHIP

**HBA of Greater Hot Springs**

Date \_\_\_\_\_

Name of local affiliated with the AHBA & NAHB \_\_\_\_\_

FIRM NAME \_\_\_\_\_

INDIVIDUAL TO RECEIVE HBA MAIL \_\_\_\_\_

(Should be a person who works directly with the industry)

ADDRESS \_\_\_\_\_

Street

City

State

Zip

TELEPHONE \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

E-MAIL \_\_\_\_\_

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## BUILDER APPLICANTS – Please Complete

Arkansas Contractor License # \_\_\_\_\_

, Licensed in Ark. since \_\_\_\_\_

Bank Reference: \_\_\_\_\_

Material Dealer References (4 please): \_\_\_\_\_

\_\_\_\_\_

Addresses of last three homes built: \_\_\_\_\_

\_\_\_\_\_

Reference from current AHBA Builder Member: \_\_\_\_\_

Brief statement of industry experience (approx. 25 words): \_\_\_\_\_

\_\_\_\_\_

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## ASSOCIATE APPLICANTS – Please Complete

Bank Reference: \_\_\_\_\_

References ( 1 Credit, 1 Builder, & 1 Customer): \_\_\_\_\_

\_\_\_\_\_

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I agree to abide by the Constitution and By-Laws of the Local Association to which this membership application is directed, and the By-Laws of the National Association of Home Builders and of the Arkansas Home Builders Association, with which it is affiliated. A remittance of \$ 380 representing annual membership dues in the affiliated local association accompanies this application. **I understand that a representative of my business must attend at least one general membership meeting within the first year in order to renew my membership.**

\_\_\_\_\_  
Signature of Applicant

Sponsored by: \_\_\_\_\_

Return this Application to: **HBA Hot Springs, P.O. Box 1046, Hot Springs, AR 71902**

**Marissa HBA E.O. : (501) 767-2954**

[info@hbaofhotsprings.com](mailto:info@hbaofhotsprings.com)

