



Return application & remittance to:
(Make checks payable to "RCHBA")

730-A Middle Tennessee Blvd, Ste 5
 Murfreesboro, TN 37129-5617
 Phone: (615) 890-8224
 Fax: (615) 890-9231

Membership Application

Please PRINT Clearly

Date: _____
 Name: _____ Title: _____
Company Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Mobil: _____ **DO NOT include mobile # in Directory**
 E-mail: _____
 Website: _____
 Who suggested that you join? _____

Main Product/Service: _____

Membership Type:
 Builder **Associate**
(Choose "Builder" if you are a developer or Licensed General Contractor.)

Business Activity Codes:
(see Occupation Codes on reverse)
 Primary: _____
 2nd: _____
 3rd: _____

No. of paid employees: _____
(including applicant)

BUILDER only required info:

- General Contractor's Lic. #: _____
(attach a copy)
- Annual dollar volume of all construction/development:
 Under \$1 million \$5 million to \$10 million
 \$1 million to \$5 million Over \$10 million
- Number of annual residential dwelling units:
 0 units 11 - 25 units 101 - 500 units
 1 - 10 units 26 - 100 units 501 + units

All members are asked to participate in the functions and goals of this association.

Committee choice: *(select one, minimum)*

- Ambassador
- Associates
 - Golf
 - "Homes Today" Parade
- Legislative/Gov't Affairs
- Member Services
 - Education
 - Recruitment
- Programs & Hospitality
- Public Relations/Community Svc
 - Student HBA Chapter
 - Toys for Tots
 - Vocational Trades School

Membership Fees:

Associate / Builder **\$545**
 Includes one meal, monthly except November.

Additional Representatives:

Provide Directory information for each Affiliate
 (phone, fax, mobile, email, address, etc.).

Affiliate **\$50**
 For additional employees of an existing member company. Affiliates are included in the directory, maintained in the assn database, receive mailings, may participate on committees; they receive their own NAHB ID number, mailings and may participate in the NAHB Spike program, etc.

PAYMENT OPTIONS:

Check enclosed

Visa / MasterCard (5% bank chg will be added)

Payment in Full enclosed
 Required for participation in the Worker's Comp program

3-monthly Payments
 3 equal **NON-REFUNDABLE** pymts of \$182 plus \$10 billing fee = **\$192/pymt**; 1st pymt due w/ application, 2nd pymt in 30 days, 3rd pymt in 60 days. Membership will be submitted for Board approval upon full pymt.)

IMPORTANT: I understand that by providing my mailing address, email address, telephone number and fax number, I consent to receive communications, including advertisements for goods and services, sent by or on behalf of the Rutherford County Home Builders Association via regular mail, email, telephone or fax. **My preferred method of communication is:**

E-mail **Fax** **Mail** **Phone**

PLEDGE: I agree to abide by the Constitution and By-Laws, including its Code of Ethics, of the Rutherford County Home Builders Association (RCHBA) of the National Association of Home Builders of the United States (NAHB) with which it is affiliated, and of the Home Builders Association of Tennessee (HBAT).

_____ *Signature of Applicant*

IMPORTANT NOTICE

Dues remittance includes \$100 state and \$150 national dues— representing my annual membership dues in the RCHBA, HBAT and NAHB—and accompanies this application.

Dues payments to RCHBA are not deductible as charitable contributions for federal income tax purposes. However, payments may be deductible as ordinary and necessary business expense, subject to an exclusion for lobbying by NAHB and HBAT. Therefore, \$36.50 is not deductible for income tax purposes.

Amount Remitted:

Dues _____
Indicate Affiliate names and fees, if applicable:

TOTAL: _____