

HOME BUILDERS ASSOCIATION OF NORTHWEST INDIANA APPLICATION FOR ASSOCIATE MEMBERSHIP

Firm Name								
Applicant's Name								
Address	City/State Zip							
Phone Fax	Mobile							
E-mail	Website							
Business Title: Mark the code that best describes your business title President/CEO VP/General Manager Architect, Designer or Engineer Construction Superintendent Owner, Principal or Partner								
Applications will not be processed unless to	ANDATORY REFERENCES vo (2) references are supplied. Complete information is required.							
<u> </u>	BUSINESS REFERENCES							
Company	Contact							
Address	City							
State Zip	Phone							
Company	Contact							
Address	City							
State Zip	Phone							
I am being sponsored for membership by:								
Name	Company							
(This is the HBA of NWI member who encouraged you to join). If no member sponsor, please leave blank.								
ASSOCIATE MEMBER CLASSIFICATIONS								
I Accounting	Accounting Md Companhy Mode							

L	Accounting	AAT	Carpentry Work
M1	Architecture	W2	Electrical Work
M2	Engineering	W3	Masonry, Stone Work, Tile Setting, Plastering
M3	Planner of Designer	W4	Landscaping
N	Legal Service	W5	Plumbing, Heating/Air Conditioning
0	Computer Products and Services	W6	Roofing, Siding & Sheet Metal Work
02	Home Technology	W7	Painting and Paper Hanging
P1	Commercial Banking/Thrift Institution	W8	Floor Laying & other Floor Work
P2	Mortgage Banking	W9	Concrete Work
\cap	Incurance or Title Company		

R S T U	Marketing, Advertising, Public Relations Building Material Manufacturing Property Management Real Estate	WA WC WD WE WF WZ	Excavation Work Land Surveyor Security Systems Insulation Work Drywall Installation Other Subcontractor (specify)			
Y Y2 Y3 Z	Utilities Industry Consultant Trade Association / Non-Profit Other Assoc. (specify)					
Wholesale Dealers / Distributors		Retail I	Retail Dealers / Distributors			
X1	Appliances	V1	Appliances			
X2 X3	Building Materials/Lumber Floor Coverings	V2 V3	Building Material/Lumber Floor Coverings			
X4	Paint/Wall Coverings	V4	Paint/Wall Coverings			
X5	Other Wholesale Dealership (specify)	V5	Other Retail Dealership (specify)			
Secondary E	Business Activity Code (if applicable) Enteress Activity Code (if applicable) Enter your	your secor	ess activity from the list above and most important business activity important business activity			
_	years in business Total numb	_				
-	• • •		unty Builders Association (PCBA) or Building Industries			
Association	(BIA)? Yes No If Yes, When?	?	PCBA or BIA?			
Members Home ow American Homes sl To achiev Our As r buil gree All r We rela free We	we Members of this Association shall be limited to of the <i>Home Builders Association of Not</i> whership can and should be within the reach of hould be should be well-designed and well-conhould be built under American free enterprises we these goals, we pledge allegiance to the for paramount responsibility is to our customers members of a progressive industry, we encoulding equipment, and innovative methods of hatest value possible for every dollar. The members shall deal fairly with their respective pledge our support to our associates, our located industries concerned with the preservation and the preservation of the state of the same and the support to our associates, our located industries concerned with the preservation of the same and the same an	rthwest In of every American system of the high arage resea anome finance employee cal, state aron of the Armnly, mind	nerican family nciples and polices: standards of health, safety and sanitation built into every home. rch to develop new materials, new building techniques, new cing. This research is to ensure every purchaser shall get the			
◆ To a◆ To a	NG THIS APPLICATION I AGREE abide by the Bylaws of the Association and all observe the Code of Ethics and, in the event give permission for investigation of any inform	of terminat	ion of membership, discontinue use of its insignia in any form;			
 Applicant	r's Signature		 Date			

INVOLVEMENT IN THE ASSOCIATION

Your membership can provide many opportunities to reap the benefits of being part of an organization dedicated to the building industry. However, little or no participation in meetings and events severely limits the benefits you can receive. We encourage you to commit to:

- 1. ATTENDING GENERAL MEMBERSHIP MEETINGS, AND
- 2. BECOMING PART OF A COMMITTEE, AND

3. PARTIC	CIPATING IN AT LEAST O	NE EVENT.	
Please select at least one committee. Most conbecome permanent members-good for you and		venience of the committee members. Involved members n!	
☐ Government Affairs Committee: Alerts t	the membership of local g	government decisions that could impact homebuilding indus	stry.
Gathers members support to defeat gov	ernment regulations that	could negatively impact homebuilding. Financially supports	s pro-
housing political candidates.			
☐ Golf Outing Committee: Organizes and o	oversees the annual mem	bership golf outing which raises funds	
☐ Membership Committee: Organizes and	implements membership	drives, special membership events, and monitors retention	1
☐ Parade of Homes Committee: Plans the	single-site Parade showca	asing new homes for sale built by member builders.	
☐ Porter County Home Improvement Mark	et: Organizes annual Port	ter County trade show attracting thousands of people to dr	aw
sales leads to participating exhibitors.			
☐ Programs/Education Committee: Plans g	general meetings and othe	er member opportunities for education and networking	
MEMBERSHIP FEES			
Associate Member \$550.00			
the fund, please add \$25. Affiliate Members \$85.00 Annual Due This membership enables more indus	es x affiliate memb stry professionals to reap t ember from the employer	ber(s) = Total payment for affiliates the rewards of membership at a fraction of the cost of a fu with full membership in order to add affiliate members)	
Name	Email	Phone	
Name	Email	Phone	_
Name	Email	Phone	_
considered. The board of directors reviews ap application is not approved, the payment will be Send application with payment in full to: Home Builders Association of Northwest	pplications on the third Mo be refunded in full. Indiana, 800 East 86 th	equired with the application before membership will be onday of each month. You will be notified by e-mail. If the Ave., Ste. A, Merrillville, IN 46410 Stanwioffice@hbanwi.com • Website www.hbanwi.com	com
Please check card choice: Visa MasterCar your credit card.	rd American Express	s Please provide the following information to process	S
Name on card			
Card's billing address			
City	State	Zip	

Card #______ Security Code _____ Expiration ______
(3 digits on back of card)

Amount to charge on card _____