

Membership Application

Company Name:			
Representative's Name and Tit	tle:		
Business mailing address (city,	4		
Phone:	Fax:	Cell:	
E-mail address:		Website:	
		Number of employees including self:	
	s):		
Is your company currently insured MEMBERSHIP CLASSIFICA		ce coverage with Builders Ins. Group?yesno	
O BUILDER (Includes any peremodeling of single or mu property: or general contract	ultifamily housing and/or commercicting.)	tion whose primary business is the construction or al property: or development of land into improved	
ASSOCIATE-ONLY INFORM	AATION (select one activity below that I RETAIL DEALERS/DISTRIBUT	best describes your company's primary business activity) FORS: SUBCONTRACTORS/SPECIALTY TRADE	
O Architects O Planners or Designers O Engineers O Legal Services O Computer Products & Services O Financial Services O Insurance & Title Company O Marketing, Advertising, PR	O Appliances O Building Materials O Floor Coverings O Paint/Wall Coverings O Other Retail Dealers	CONTRACTORS: O Carpentry O Concrete/Masonry O Electrical O Plumbing, Heating/AC O Painting & Paper Hanging O Roofing & Sheet Metal O Utilities O Other Subcontractors:	
O Property Management O Real Estate Broker/Agent			

BUILDER-ONLY INFORMATION (select one activity below for your primary building activity)

- O Single Family Builder-Speculative (Detached & Attached)
- O Single Family Builder-Custom
- O Multifamily Builder-Sale Units
- O Multifamily Builder/Owner-Rental Units (Own Account)
- O Multifamily Contractor-Rental or Sale Units (other investors)
- O Remodeler-Residential
- O Remodeler-Commercial
- O Commercial Builder (Own Account)
- O Commercial Contractor (Other Investors)
- O Land Developer
- O Home and Building Manufacturer

COMPANY EMPLOYEE INFORMATION: List contact information below for member company em	nployees who should receive electron	nic communications.	
Employee Name	<u>E-mail</u>		
-			
DUES PAYMENT			
Annual Membership Dues (non-refundable upon me			
BPAC (optional HBA political action committee contrib	,		
The Builders Political Action Committee is a voluntary non-profit of Georgia. Members of the Home Builders Association of Georgia metary donation of at least \$25 annually. The purpose of B-PAC is to support the goals of improving the residential construction industry ernment Affairs Director, identify deserving recipients of campaign	hay participate in this Political Action Comm give aid, through campaign contributions, to be B-PAC is managed by a Board of Trustees	nittee by giving a voluntary mone- those political candidates who	
TOTAL AMOUNT DUE:	\$		
Check (payable to HBA of Middle Georgia)	Credit Card: Please fill in below	w information	
	(when paying by card a 3% fee will be charged)		
Credit Card Number	Exp. Date:	Security Code:	
Name on card			
Cardholder Signature			
CODE OF ETHICS AND MEMBERSHIP AGREEMEN	NT		
Code of Ethics: All members of the Association shall as (a) Members shall constantly seek to provide better value efits of home ownership. (b) Members shall strive to develabor may receive its just and proper reward. (c) Members to the best interest of those they serve. (d) Members shall of implications unwarranted by fact or reasonable probabilities and regulations prescribed by law and government Member shall be alert to examine proposed or enacted S litical progress. (g) Members shall not perform, or cause into disrepute, any part of the home building industry.	les, so that an ever-greater share of ovelop the efficiency of the home builters shall at all times contribute their less less than the less by means of fraction business by means of fraction (e) Members shall comply both agencies for health, safety, and prograte and Local legislation detrimentate to be performed, any act which wou	ur people may enjoy the bending industry to the end that knowledge in home building audulent statements or by use the in spirit and in letter with gress of the community. (f) all to social, economic and pould tend to reflect on, or bring	
Membership Agreement: I agree to abide by Constitute of the United States, The Home Builders Association of If the company's membership becomes inactive or is discontinue use of all Association logos and insignias,	Georgia and the Home Builders Ass terminated for any reason, I agree	sociation of Middle Georgia. e to immediately	
		Date:	
(Signature of Applicant)			

Mail completed application and payment to
HBA of Middle Georgia, P.O. Box 999, Byron, GA 31008
Or Email to hbaofmidga@gmail.com all pages of application with credit card payment
Contact the HBA office at (478) 733-3453 with any questions.

(Sponsoring Member: Contact Name & Company)