



# ATHENS - LIMESTONE HOME BUILDERS ASSOCIATION

21672 New Garden Rd. Elkmont, AL. 35620-4128

Tel:256-431-1750 Fax:256-232-9902

[www.AthensLimestoneHBA.org](http://www.AthensLimestoneHBA.org)

## MEMBERSHIP APPLICATION

*The Athens Limestone Homebuilders Association is an organization dedicated to supporting and promoting the building industry and the communities we live, work, and serve in.*

### PLEASE SELECT FROM ONE OF THE MEMBERSHIP DESIGNATIONS:

- **BUILDER MEMBER: \$490:** Includes any person, firm, partnership, or corporation whose primary business is the construction or remodeling of single or multi-family housing and/or commercial property; or the development of land into improved property; or general contracting. This amount of the annual Builder Membership dues and covers meals at the monthly meetings for one individual
- **ASSOCIATE MEMBER: \$490:** Any business related to the homebuilding industry that provides products or services to builders, developers and remodelers. Includes trade contractors, suppliers, real estate agencies, architects, etc. This amount consists of the annual Associate Membership dues and covers meals at monthly meetings for one individual.

Date \_\_\_\_\_

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Business

Address \_\_\_\_\_

(Street, City, State, Zip)

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

E-Mail \_\_\_\_\_ Website \_\_\_\_\_

Specify your primary business activities \_\_\_\_\_

Total number of employees, including yourself \_\_\_\_\_ Tax ID

# \_\_\_\_\_

References \_\_\_\_\_

Reason for joining \_\_\_\_\_

-----**If a Builder or Subcontractor**-----

Estimate annual dollar volume of all construction\development:

\_\_\_\_ Under \$1 million \_\_\_\_ \$1 million to \$5 million \_\_\_\_ \$5 million to \$10 million  
\_\_\_\_ Over \$10 million

Annual number of residential dwellings:

\_\_\_\_ 0 Units \_\_\_\_ 1 to 10 Units \_\_\_\_ 11 to 25 Units \_\_\_\_ 25 to 100 Units  
\_\_\_\_ 101 to 500 Units \_\_\_\_ over 500 Units

**Do you carry workers' compensation?** Yes \_\_\_\_ No \_\_\_\_ (See note at bottom)

**Do you carry liability insurance?** Yes \_\_\_\_ No \_\_\_\_

**What is your city business license number?** \_\_\_\_\_

**What is your state home builder license number?** \_\_\_\_\_

I agree to abide by the Constitution and By-Laws of the local association to which this membership application is directed, of the National Association of Home Builders of the United States with which it is affiliated, and of the affiliated state association if such affiliation exist. A remittance of \$\_\_\_\_\_ representing my annual membership dues in the affiliated association accompanies this application.

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

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

Sponsors Company \_\_\_\_\_

**PLEASE NOTE:** Dues paid to your local builders' association are NOT deductible as charitable contributions for tax purposes. However, dues payments may be deductible by members as an ordinary and necessary business expense.

\*If you plan to apply for workers' compensation insurance through the state home builders self-insurance fund, please be advised that acceptance of this application by the HBAT board of directors does not guarantee your acceptance into the fund.

**ALL BUILDERS MUST ATTACH A COPY OF THEIR STATE LICENSE TO THIS APPLICATION AND MAIL TOGETHER FOR APPROVAL.**