



Home Builders Association
of Wilson

APPLICATION for MEMBERSHIP

Company Name: _____

Contact Person: _____

Mailing Address: _____ City / State / Zip: _____

Phone: _____ Fax: _____ Cell: _____

Email address: _____

Contractors License Number: _____

Type of Business: _____

Sponsored by: _____

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 exists. A remittance of \$465 for Builder or Associate, or \$100 for Affiliate Membership, representing my annual membership dues in the affiliated Association accompanies this application. In the event of termination of membership in the Association, I agree to immediately discontinue the use of any and all insignia in any form.

Date: _____ Authorized Signature of Applicant: _____

YEARLY DUES

(check one)

\$465 Builder or Associate Member

\$100 Affiliate Member

Affiliate membership allows employees of a Home Builders Association of Wilson member to join at a reduced rate

To pay by check:

Mail check and form to: HBA of Wilson,
PO Box 7011, Wilson NC 27895

To pay by credit card:

Click [here](#) (use "9999" as invoice number)
and email form to hbaofwilson@gmail.com,
or fax to 252-991-5736.