

Marshall County Home Builders Association

256-891-7061 • marshallchba@gmail.com

Application for Membership - Annual Membership Dues \$415

PLEASE COMPLETE EACH FIELD BELOW

Contact Name:	ntact Name:			
Company Name:				
(THIS NAME MUST MATCH TH	E NAME USED TO APP	LY FOR WORKMAN'S	S COMP)	
Mailing Address:				
City:	State:		Zip:	
Office phone:	Cell: _		Fax:	
E-Mail Address:				
Web Site:				
Type of membership (builder member				
Builder Membership	Associate Members	nip Af	filiate Member	
Builder's License #	nse # General Contractor's License #			
Electrician License #	HVAC License #		umbing License #	
Primary Business Activity				
Secondary Business Activity				
List one category that you would lik	ke to be listed in MC	HBA publications a	S	
(To apply for additional categories, aff	filiate membership can	be obtained for a fe	ee of \$50 per category)	
I agree to abide by the constitution and the Home Builder's Association <i>dues accompanies this application</i>	n of Alabama. A rem		onal Association of Home Builders presenting my annual membership	
Signature of Applicant:		Sponsor:		
Do you have G/L Insurance YES	NO if so w	vith who?		
Do you want W/C Insurance YES	NOAlabama Homebuilders Association "The Fund"?			
To mail a check: HBAA PO Box 241305 Montgomery, AL 36124-1305	To pay by credit 1-800-745-422	or debit card: 2	To pay in person: Marshall County HBA Office 428-E North Carlisle St. Albertville, AL 35950	