



One Chamber Plaza Suite 100 B
Dayton, OH 45402
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Application for Membership

Company Name: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail: Address: _____ Website: _____

Primary Business Activity: _____

HBA Sponsor Name and Company: _____

HBA Membership Dues	
Associate Members	
I-10 Employees	\$395
11 or more Employees	\$495
Affiliate Membership Affiliate Membership extends full HBA membership to any employee of a Builder or Associate company, including full membership with the National Association of Home Builders. Must be an employee of a full HBA member for Affiliate Membership.	
	\$50
Sales & Marketing Council Dues	\$60
One-time administrative fee	\$50
TOTAL Dues	\$_____

Payment Method

Visa
 MasterCard
 American Express
 Check

Accountholder Name: _____

Accountholder Number: _____

Amount: \$_____ Exp. Date:_____ Code: _____ Signature: _____

Please make the check payable to the Home Builders Association of Dayton.

I agree to abide by the bylaws of the of the Home Builders Association of Dayton, including dues and financial procedures.

Signature: _____ Date: _____