



**APPLICATION FOR MEMBERSHIP
HOME BUILDERS ASSOCIATION OF LIVINGSTON COUNTY
MICHIGAN ASSOCIATION OF HOME BUILDERS - NATIONAL ASSOCIATION OF HOME BUILDERS**

Company Name _____	Name of Main Contact & Title _____
Street Address _____	City, State & Zip Code _____
Telephone Number _____	Fax Number _____
Web Site Address _____	Email Address of Main Contact _____
Township of Residence (Needed for Notification of Legislative Issues) _____	Number of Employees _____

TYPE OF BUSINESS How do you want to be found by members and clients? Indicate all that apply:

- Builder Remodeler Developer
- Service Organization - Type of Service: _____
- Supplier - Product Supplied: _____
- Trade Contractor - Type of Trade: _____
- LICENSE #: _____

HBALC ANNUAL MEMBERSHIP DUES PAYMENT OPTIONS

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Option #1- Discount
\$497.00
<input type="checkbox"/> Check Enclosed
<input type="checkbox"/> Credit Card Payment | <input type="checkbox"/> Option #2- Payment Plan
<i>Available by Credit Card Only</i>
\$240.00 Payment Processed with Application
and.... \$ 25.00 Payment Processed the 1st of the
month for each of the following 11 months. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

MasterCard VISA Card #: _____ Exp Date: _____

V Code: _____ Billing Street Address & Zip: _____

Please sign here to authorize: _____

HBALC Sponsor's Name _____	HBALC Sponsor's Company (Must Be A Current HBA Member) _____
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PLEASE RETURN APPLICATION TO:
 HOME BUILDERS ASSOCIATION OF LIVINGSTON COUNTY
 132 E GRAND RIVER AVENUE - BRIGHTON MI 48116
 PHONE (810) 227-6210 FAX (810) 227-1840 info@hbalc.ocm