



106 Cloverleaf Drive
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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: \$538 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: \$538 Any business related to the homebuilding industry that provides products or services to builders, developers and remodelers. Included categories are 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 _____ (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 CO _____

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 HBAAT 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.**