2027 Membership Application

Home Building Association of Central Virginia

25 Greystone Drive; Suite 5, Lynchburg, VA 24502

Return completed application and membership payment to HBACV office

Company's Name*: _____

Representative's Last Name*: _____ First Name*: _____ Title*: _____

Mailing Address*: _____
(Street) (City) (State) (Zip)

Business Phone*: ( ) _____ - _____ Cell Phone: ( ) _____ - _____

Email address*: _____

What is the best way to reach you? * - Business Phone ( ) Cell Phone ( ) Text ( ) Email: ( )

Business Website Address: _____

Categorize your Business:* (builder, framer, mortgage, bank etc.) **Membership Class: (check one below)**

_____ Builder ( ) Remodeler ( ) Associate ( )

ANNUAL DUES: Builders $595 - single fee covers membership in local, state & national associations
Associates $595 - single fee covers membership in local, state & national associations

No. of employees: _____ **Insurance Provider** **: _____

Business/Contractors' license # **: _____ **States/localities where licensed**:** _____

Annual number of units built **: _____ **Annual Business volume in dollars** (est.): _____

References* (members with whom you do business): _____

Sponsor/Recruiting Member s Name*: _____

By signing you agree to the HBACV Code of Ethics: _____
(signature)

_____ Enclosed is our check for yearly dues that gives our company membership in three levels: Home Builders Association of Central VA (HBACV), Home Builders Association of VA (HBAV) and National Association of Home Builders (NAHB).
_____ I prefer to pay by credit card. (Call HBACV office - 386-8558 - to complete this transaction by phone.)

** Required fields all applicants. ** For Builder/Remodeler/Trades applicants only.*

Return completed application and your membership check payable to: ***Home Builders Association of Central Virginia***

IMPORTANT NOTICE: Dues paid are deductible as an ***ordinary and necessary business expense***. Payments made are NOT *charitable contributions. Please note that $12.50 of the state (HBAV) portion goes to the state Build-Pac fund. If you do not wish that money to go into that fund please enclose a note stating that.*

For office use only: Approved: ___ as a Builder member ___ as an Associate member __ pending- more info needed ___ not approved

For additional information contact HBACV Executive Officer Matt Holley
Office Phone 434.386-8558 / Cell Phone: 434-942-5992 / Email: matt@hbacv.org