

## Application for Membership

Please, print or type in the information requested below and mail in with your membership check or fax to (203) 335.7141 If you are paying by credit card you can also go to our website at <http://buildfairfieldcounty.com/become-a-member/#account/join>

PLEASE INCLUDE A COPY OF YOUR CT REGISTRATION OR LICENSE IF APPLICABLE AND/OR A CERTIFICATE OF INSURANCE

MEMBER NAME: \_\_\_\_\_  
First Last Middle Name or Initial

TITLE \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address Apartment/Suite#

\_\_\_\_\_ City State Zip Code

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

E-MAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

BUSINESS ACTIVITY/TYPE \_\_\_\_\_

BUSINESS TAX ID# \_\_\_\_\_

Were you referred by an HBRA Member?  Yes  No If no, please provide (2) business references:

HBRA Member's Name: \_\_\_\_\_ HBRA Member Company \_\_\_\_\_

Business Reference 1: \_\_\_\_\_  
Contact Name Phone

Business Reference 2: \_\_\_\_\_  
Contact Name Phone

**Builder/ Remodeler/ Associate Membership** are main memberships in that the applicant is the main contact and representative of the applicant's company. **Main Membership (1 Person) - \$595** **Additional Members from same company \$100/pp**

### PLEASE CHECK OFF PAYMENT ENCLOSED

Builder/Remodeler  Associate \_\_\_ # of Additional Members (please list names and information on page 2)

Check #  Visa  Mastercard  AMEX  Discover

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Verification Code \_\_\_\_\_

Billing Address for credit card \_\_\_\_\_

I hereby make application for the membership in the Home Builders and Remodelers Association of Fairfield County, Inc. (HBRA) on the basis of the foregoing statements. I agree, that if accepted, to abide by the by-laws and code of ethics of the Home Builders and Remodelers Association of Fairfield County, The Home Builders Association of CT, and the National Association of the Home Builders as long as I continue to be a member. I understand acceptance of this application does not constitute membership until dues are paid and notification is given in writing.

I authorize the HBRA to verify any information contained in this application.

Please be sure to include the following items in your application package:

Application  Dues  Copy of CT License/Registration  Certificate of Insurance

#### FOR OFFICE USE ONLY

MFM \_\_\_\_\_ RPT \_\_\_\_\_ NAHB \_\_\_\_\_ QB \_\_\_\_\_ NMP \_\_\_\_\_

## MEMBERSHIP TYPES

*Builder/remodeler and associate members are main memberships in that the applicant is the main contact and representative of the applicant's company. If the applicant has a partner, sales rep, or other employee who would also like to hold a full membership with HBRA of Fairfield County or attend General Membership Meetings they would qualify for a discounted membership rate.*

## ADDITIONAL MEMBERS

MEMBER NAME: \_\_\_\_\_  
First Last Middle Name or Initial

TITLE \_\_\_\_\_

ADDRESS: (IF DIFFERENT) \_\_\_\_\_  
Street Address Apartment/Suite#

\_\_\_\_\_ City State Zip Code

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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MEMBER NAME: \_\_\_\_\_  
First Last Middle Name or Initial

TITLE \_\_\_\_\_

ADDRESS: (IF DIFFERENT) \_\_\_\_\_  
Street Address Apartment/Suite#

\_\_\_\_\_ City State Zip Code

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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MEMBER NAME: \_\_\_\_\_  
First Last Middle Name or Initial

TITLE \_\_\_\_\_

ADDRESS: (IF DIFFERENT) \_\_\_\_\_  
Street Address Apartment/Suite#

\_\_\_\_\_ City State Zip Code

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Please make a copy of this page if you need to list additional members.

