

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 status 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 (s), or other employee(s) who would also like to attend membership meetings and hold a full membership with HBRA of Fairfield County 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: _____

MEMBER NAME: _____
First Last Middle Name or Initial

TITLE _____

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

_____ City State Zip Code

PHONE: _____ CELL: _____

EMAIL: _____

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.

