



Home Builders Association

PO Box 7167
Statesville, NC 28687
704.881.0535
Fax 704.528-1990
www.iredellhomebuilders.com

APPLICATION FOR ASSOCIATION MEMBERSHIP

COMPANY NAME: _____ DATE: _____

MEMBER NAME: _____

BUSINESS MAILING ADDRESS: _____

E-MAIL: _____ WEBSITE: _____

PHONE: _____ FAX: _____ LICENSE# _____

Birth day/month _____ day _____

BANK/CREDIT REFERENCES: _____

MEMBERSHIP CLASSIFICATION

(Please check one)

(Licensed) Builder _____ Associate _____ Affiliate _____ Developer _____

If Affiliate, Employer Master IC required _____

I agree to abide by the Constitution and By-Laws of the Iredell County Home Builders Association to which this membership is directed, of the National Association of Home Builders of the United States with which it is affiliated, and of the North Carolina Home Builders Association. A remittance of \$497.00 for *Builder/Associate* of \$150.00 is for an *Affiliate* representing my annual membership dues in the Affiliated Associations accompanies this application. "Dues payments to ICHBA are not deductible as charitable contributions for federal income tax purposes. However, dues payments may be deductible as ordinary and necessary business expense, subject to exclusion for lobbying activity. Because a portion of your dues is used for lobbying by NAHB, and NCHBA, \$27.30 is not deductible for tax purposes."

Signature of applicant: _____ **Date:** _____

Please check (✓) the appropriate categories in which your firm is involved and place a "1" beside primary, "2" Secondary.

- | | |
|--|---|
| <input type="checkbox"/> Single Family Spec Building (A) | <input type="checkbox"/> Accounting (L) |
| <input type="checkbox"/> Single Family Custom Building (B) | <input type="checkbox"/> Architects, Planners, Designers, Engineers (M) |
| <input type="checkbox"/> Remodeling Residential (F) | <input type="checkbox"/> Attorneys (N) |
| <input type="checkbox"/> Commercial Building (H) | <input type="checkbox"/> Computer Products & Services (O) |
| <input type="checkbox"/> Multifamily Custom Builder (B) | <input type="checkbox"/> Banks/Savings & Loans (P) |
| <input type="checkbox"/> Land Development (J) | <input type="checkbox"/> Mortgage Company (P) |
| <input type="checkbox"/> Manufacturing of Modular/Panelized Homes | <input type="checkbox"/> Insurance and Title Companies (Q) |
| <input type="checkbox"/> Carpentry Work (W1) | <input type="checkbox"/> Marketing & Advertising (R) |
| <input type="checkbox"/> Electrical Work (W2) | <input type="checkbox"/> Property Management (T) |
| <input type="checkbox"/> Masonry, Stone Work (W7) | <input type="checkbox"/> Real Estate Brokers/Agents (U) |
| <input type="checkbox"/> Concrete Work (W7) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Floor Laying (W3) | |
| <input type="checkbox"/> Land Surveyor (W7) | <u>DEALERS & DISTRIBUTORS</u> |
| <input type="checkbox"/> Landscaping (W4) | <input type="checkbox"/> Building Materials/lumber (V2 & X2) |
| <input type="checkbox"/> Painting & Paper Hanging | <input type="checkbox"/> Paint/Wall Coverings (V4 & X4) |
| <input type="checkbox"/> Plumbing, Heating & Air Conditioning (W5) | <input type="checkbox"/> Floor coverings/carpeting (V3 & X3) |
| <input type="checkbox"/> Roofing, Siding & Sheet Metal Work (W6) | <input type="checkbox"/> Appliances (V1 & X1) |
| <input type="checkbox"/> Security Systems (W7) | <input type="checkbox"/> Utilities (Y) |
| | <input type="checkbox"/> Other (Z) _____ |

1. Please check the annual dollar volume of all construction/development for your firm. (This entry only applies to Builder members)

Under \$1 million \$1 million to \$5 million 45 million to \$10 million

2. Please check the member's annual number of residential dwelling units.

0 units 1-10 units 11-25 units 25-100 units 101-500 units over 500 units

3. Please enter the total number of paid employees, including yourself _____.

4. Please check the member's business title.

- | | |
|--|---|
| <input type="checkbox"/> President/CEO/Owner/Principal Partner | <input type="checkbox"/> Financial Manager |
| <input type="checkbox"/> VP/General Manager | <input type="checkbox"/> Other Management personnel |
| <input type="checkbox"/> Construction Superintendent | <input type="checkbox"/> Non Managerial Personnel |
| <input type="checkbox"/> Sales & Marketing Manager | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Architect/Designer/Engineer | |

SPONSORED BY: _____

Member who referred you to the Association. (If left blank we will fill in a member to receive spike points)