

APPLICATION FOR MEMBERSHIP LOUISIANA HOME BUILDERS ASSOCIATION

Applicant _____

Company _____

Mailing Address _____

Phone _____ Cell _____ Fax _____

Email _____ Website _____

Membership Classification: Builder _____ License # _____ Associate _____

Description of Operation: _____

LOCAL HBA: Tangipahoa Home Builders Association

DUES: Builder - \$391.00; Associate - \$391.00

HBA ADDRESS 109 West Minnesota Park
 Suite 2
 Hammond LA 70403
 Phone – 985.543.0023
 Fax – 985.543.0001

Agent/Sponsor _____ Signature _____

Application and accompanying payment for dues must be mailed to the above address.

Please note that a representative from your local Home Builders Association may contact you to obtain additional information. All memberships are subject to the individual requirements set forth by each local association.

I agree to abide by the Constitution and Bylaws 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 Louisiana Homebuilders Association with which it is affiliated.

Signature of Applicant _____ Date _____