



HBA of CHESTER AND DELAWARE COUNTIES NEW MEMBER APPLICATION

Contact Person: _____

Company Name: _____

Member Type: Builder ____ Level ____ (see reverse) Associate ____ No of Employees _____

Company Address: _____

City/State/Zip: _____

Company Phone: _____ FAX: _____

E-Mail: _____ URL: _____

Personal Address: _____ Private? ____

City/State/Zip: _____ Private? ____

Phone: _____ Cell Phone: _____ Private? ____

Fax: _____ E-Mail: _____ Private? ____

This business is operated by:

Individual ____ Partnership ____ Corporation ____ Date business was started: _____ EIN: _____

**IMPORTANT: APPLICATION MUST BE COMPLETED IN FULL
WITH REQUIRED SIGNATURES AND PAYMENT TO BE CONSIDERED FOR MEMBERSHIP**

PLEASE SELECT AND COMPLETE ONE CATEGORY

Builder Membership is open to any individual, firm, or corporation whose primary business includes the construction or structural modification of housing or light commercial properties, or land development who shall have conducted business primarily in the territorial jurisdiction of the Home Builders Association of Chester and Delaware Counties.

Primary business of building or remodeling is what type: (please check one)

- | | | |
|----------------------------------|--------------------------|-------------------|
| _____ Single Family (spec/tract) | _____ Remodeler | _____ Other _____ |
| _____ Single Family (custom) | _____ General Contractor | _____ |
| _____ Multi-Family | _____ Land Developer | _____ |

If the Building business is less than two years old, what was your previous experience? _____

Associate Membership is open to any individual, firm or corporation whose business is directly related to the home building industry by providing products or services to builders, developers, or remodelers.

Primary Business Activity _____

Secondary Business Activities _____

Please enter a one to two-line description of your business that will be used in the HBA directory and website:

REFERENCES:

Please provide two trade references. One must be a member of the HBA of Chester & Delaware Counties.

(Name/Co.) (Phone)

(Name/Co.) (Phone)

*Sponsor: _____ Company _____

Mandatory for **all New Members. Contact the HBA office at 610-692-7733 for details*

Applicant agrees that the information provided is true and correct, and holds the HBA harmless in the usage of the information provided. Applicant is giving the HBA permission to contact any references listed and make any necessary credit checks to determine applicant's ability to meet established HBA membership requirements. Should membership be extended to Applicant, it is further agreed that Applicant will abide by the Constitution, By-Laws, and the Code of Ethics of the HBA and its state and national counterparts and membership is conditioned upon these standards. Upon termination of member status, Applicant promises to immediately cease all advertising and publicizing of Applicant's connection with the HBA of Chester and Delaware Counties. Applicant understands that acceptance of this application does not constitute membership until approved by the Board of Directors in accordance with the by-laws. Applicant also understands that membership can afford significant savings on certain insurance rates if Applicant is eligible. While membership is a requirement to take advantage of certain insurance programs, acceptance into these programs is not guaranteed.

(Signature) (Date)

(Please PRINT the name of above signature) (Title)

HBA of Chester and Delaware Counties Dues Structure

Builder Dues: *Based on gross annual sales in Chester and Delaware Counties****

Level A: Sales over \$20 million	\$3,600.00	Level D: \$2 million to \$5 million	\$1,770.00
Level B: \$10 million to \$20 million	\$3,100.00	Level E: Less than \$2 million	\$ 770.00
Level C: \$5 million to \$10 million	\$2,600.00		

*****Builder Members are also expected to contribute to the Housing Industry Crisis Fund*****

Formula: Total Gross Sales x .0002 = Total Amount Due in ADDITION to dues.

*****Associate Dues: \$625.00*****

PAYMENT INFORMATION

Payment: Check Visa MasterCard AMEX Discover **Amount:** _____

Card #: _____ Exp Date: ____/____/____ Card Code: _____

MEMBERSHIP APPROVAL PROCESS:

1. Submit a completed membership application to the Home Builders Association accompanied by dues.
2. Membership committee reviews application: references are subject to investigation.
3. Required supplemental documentation is made available by candidate.
4. Application for membership is brought to HBA Board of Directors by Membership Committee for further consideration.
5. Board reviews and votes on all membership applications. All payments shall be returned in full if membership is denied.
6. Membership to state (Pennsylvania Builders Association, PBA) and national (National Association of Home Builders, NAHB) is automatic with local (HBA of Chester and Delaware Counties) acceptance upon final review of the HBA Board of Directors.

MAIL TO: HBA of Chester and Delaware Counties, 1502 McDaniel Drive, West Chester, PA 19380