



HBA of Chester & Delaware Counties New Member Application

The mission of the HBA is to provide and protect the American Dream of Homeownership for current and future generations – we engage in activities, events, and educational programs for the benefit of members and consumers alike. We are also involved in the state and local legislative and regulatory processes, advocating for public policy initiatives and sustainable building techniques that balance the need for strong economic growth and environmental protection. The HBA stands with our federation partners, the Pennsylvania Builders Association (PBA) and the National Association of Home Builders (NAHB), in pursuit of its mission.

Contact Name: _____

Company Name: _____

Company Address: _____

City/State/Zip: _____

Company Phone: _____ FAX: _____

E-Mail: _____ URL: _____

Phone: _____ Cell Phone: _____

Member Application Type (see member description below, check one): _____ Builder _____ Associate

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 Activity: _____

Please enter a brief description of your business that will be used in the HBA directory and website:

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: (check one)

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

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

References:

Please provide two trade references. One must be a member of the HBA of Chester & Delaware Counties. If you do not know an active member, one will be assigned to you as a sponsor.

Reference 1*: _____
(Name & Company)

Reference/Sponsor 2: _____
(Name & Company)

HBA of Chester and Delaware Counties Membership Dues

Associate Dues: \$625.00

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

Annual HICF: Builders are also expected to contribute to the Housing Industry Crisis Fund (HICF)

Builder Levels	Annual HICF Assessment	Total
Level A: Sales over \$20 million \$3,682	\$1,234	\$4,916
Level B: \$10 million to \$20 million \$3,182	\$734	\$3,916
Level C: \$5 million to \$10 million \$2,682	\$609	\$3,291
Level D: \$2 million to \$5 million \$1,852	\$234	\$2,086
Level E: Less than \$2 million \$ 852	\$109	\$961

PAYMENT INFORMATION

Visa MasterCard AMEX Discover TOTAL Amount: _____
Card #: _____ Exp. Date: ____/____/____ Card Code: _____

Check: Payable to **HBA of Chester and Delaware Counties**
Send by mail to: 1502 McDaniel Drive, West Chester, PA 19380

MEMBERSHIP APPROVAL PROCESS

1. Submit a completed membership application to the HBA accompanied by dues payment.
2. Membership committee reviews application: references are subject to investigation.
3. Application for membership is brought to HBA Board of Directors by Membership Committee for further consideration. All payments shall be returned in full if membership is denied.
4. 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

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)