



HOME BUILDERS ASSOCIATION OF
CENTRAL LOUISIANA
P.O. Box 11735, Alexandria, LA 71315
Phone (318) 443-1902 • hbaofcenla@bellsouth.net



MEMBERSHIP APPLICATION FORM

PLEASE COMPLETE BOTH SIDES OF APPLICATION

MAIN CONTACT INFORMATION

Please print the following information as you would like it to appear in the Member Directory:

Company Name _____ Preferred Phone Number (_____) _____

Contact Name _____ Title _____

Website Address: www. _____

****ADDITIONAL INFO—will NOT be published for consumers—for Member and HBACL use only**

Mailing Address _____ City, State, ZIP _____

Cell Number (if different from Preferred) (_____) _____ Fax Number (_____) _____

Would you like to receive text alerts for upcoming events? ___ Yes ___ No

Email Address _____

Facebook Address www.facebook.com/_____

CONSENT & PRIVACY POLICY: I understand that by providing my mailing address, email address, and telephone numbers, I consent to receive communications from the Home Builders Association of Central Louisiana, Louisiana Home Builders Association, and the National Association of Home Builders via U.S. Mail, email, telephone, or fax at those numbers/locations. I further understand the HBACL does not sell, trade or disclose personal information to third parties, and that information provided is for membership purposes unless specified otherwise.

MEMBER CLASSIFICATIONS

Please select your Member Classification and Categories below:

I. ___ **Builder/Developer** Builder License # _____ (REQUIRED)

Developers will be listed as a "Builder" member, but Lic. # is not required. Please choose option J for business activity.

Circle **ONE** activity that best describes your company's primary business (for NAHB Classification):

- | | | |
|--|---|--|
| A Single Family Spec./Tract Building | D Multifamily Building/Ownership (Rental Units) | H Commercial Building (Own Account) |
| B1 Single Family General Contracting | E Multifamily General Contracting | I Commercial General Contracting |
| B2 Single Family Custom Building | F Remodeling—Residential | J Land Development |
| C Multifamily Building (Condo/Co-op Units) | G Remodeling—Commercial | K Manufacturing of Modular/Panelized/Log Homes |

How many housing units do you start annually? Please circle **ONE**:

- | | | |
|--------------|----------------|------------------|
| A 0 Units | C 11-25 Units | E 101-500 Units |
| B 1-10 Units | D 26-100 Units | F Over 500 Units |

II. ___ **Associate Member (all other business types except Builder or Developer)**

Please list up to 3 categories that you would like to be listed under in our Member Directories:

ADDITIONAL BUSINESS INFO

The HBACL works closely with local, state, and national government officials to ensure that fair and reasonable construction and housing guidelines are in place. Information is confidential, and is used only for statistical analysis to help strengthen our lobbying efforts.

Years in Business: _____

of EMPLOYEES: Enter the total paid employees, include the member in the total figure _____

Please circle your Approximate Annual \$ Volume:

- | | | |
|----------------------------|-------------------------------|--------------------------|
| A \$500,000 or Less | C \$1 Million to \$5 Million | E \$10 Million and Above |
| B \$500,000 to \$1 Million | D \$5 Million to \$10 Million | |

GET INVOLVED

Past experience has shown that members who become active in the HBACL reap the most returns for their investment. In other words—you get out of it what you put into it. One of the best ways to become involved is to participate on committees. Please indicate your interests below:

___ Skeet Shoot Committee

___ Golf Tournament Committee

___ Membership Committee

DUES SCHEDULE

Annual 3-in-1 Membership Dues: **Builder/Developer Member OR Associate Member \$445***

*Your annual dues amount also includes membership dues to the Louisiana Home Builders Association (LHBA) and the National Association of Home Builders (NAHB). Dues payments to the HBA are NOT deductible as charitable contributions for federal tax purposes. However, dues payments MAY be deductible as an "ordinary & necessary" business expense.

AFFILIATE MEMBERS (ONLY complete this section if you are adding additional members @ \$100 each):

As a member of the HBA, other employees of your company are allowed to join as Affiliate Members for only **\$100*/person**. They will be listed as a member, will receive all member mailings and notice of upcoming meetings and events, have access to all benefits of the 3-in-1 membership including discounts and website access, and they are allowed to serve on local committees. If you would like to sign up any Affiliate members, please list below:

Affiliate Name: _____ Phone _____ Email _____

Affiliate Name: _____ Phone _____ Email _____

MEMBERSHIP AGREEMENT

CODE OF ETHICS:

Members of the Home Builders Association subscribe to the following Code of Ethics:

- Members shall consistently seek to provide better values for the customers they serve.
- Members shall at all times share their knowledge with fellow members and the public in the best interest of those they serve.
- Members shall not obtain any business by means of fraudulent statements or by use of implications unwarranted by fact or reasonable probability.
- Members shall comply, both in spirit and letter, with rules and regulations prescribed by law and government agencies for the health, safety and progress of the community.
- Members shall not perform or cause to be performed any act which would tend to reflect on or bring into disrepute any party of the industry served by this Association.

MEMBERSHIP AGREEMENT:

By signing this application, I agree to abide by the By-Laws, Rules and Regulations of the Home Builders Association of Central Louisiana (HBACL), and its affiliates, the Louisiana Home Builders Association (LHBA) and the National Association of Home Builders (NAHB). I further agree to comply with the HBACL's Code of Ethics. I acknowledge that by joining the HBACL, I am also a member of LHBA, and NAHB. If the company's membership becomes inactive or terminated for any reason, I agree to immediately discontinue use of any and all HBACL logos, as well as that of LHBA and NAHB.

Applicant Signature

Date

Sponsor Name/Company (member who referred you)

PAYMENT INFORMATION

Builder/Associate Dues \$ _____

Affiliate Dues ___ @ \$100 \$ _____

Total Amount Enclosed \$ _____

Payment must accompany all applications. Annual dues are non-refundable upon membership approval. Checks payable to HBACL.

FOR HBACL USE ONLY

Dues Amt \$ _____ _____

Pmt Method _____ _____

Date Rec'd _____ _____

PAC? Y / N _____

VIP? Y / N _____

PIN # _____

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