



# Home Builders Association of Lenawee County

PO Box 119, Adrian, MI 49221  
Phone: 517.264.2545 Fax: 517.423.1001  
Email: eo@buildinglenawee.org  
www.buildinglenawee.org

## APPLICATION FOR MEMBERSHIP

Name of Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: (if different from business address) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Description of Business: \_\_\_\_\_

### Type of Membership:

Builder: \$360.00 State License # \_\_\_\_\_ (attach copy)

Associate: \$360.00 (Check one)

Maintenance & Alteration Contractor State License # \_\_\_\_\_ (attach copy)

Licensed Contractor State License # \_\_\_\_\_ (attach copy)

Supplier, Contractor, Sub-contractor, or other business

Affiliate Representative: \$50.00

Company must have a Builder or Associate membership to add an Affiliate Representative. One affiliate is included with membership. Each additional Affiliate Representative is \$50.00

Affiliate Representative (Free): \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Affiliate Representative (\$50.00): \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Sponsored By: \_\_\_\_\_ Company: \_\_\_\_\_



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### AFFILIATE MEMBERSHIP

Add a business partner, co-worker or an employee to your membership as an Affiliate. Your Company must have a Builder or Associate membership to add an Affiliate Representative. One affiliate is included with membership. Each additional Affiliate Representative is \$50.00

Affiliate Representative:

Affiliate Representative (Free): \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Affiliate Representative (\$50.00): \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Affiliate Representative (\$50.00): \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Affiliate Representative (\$50.00): \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Affiliate Representative (\$50.00): \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Sponsored By: \_\_\_\_\_ Company: \_\_\_\_\_



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**ANNUAL DUES PAYMENT OPTIONS**

Individual Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Payment in Full: \$360.00**

Check #: \_\_\_\_\_ payable to the Lenawee County HBA is enclosed for \$360.00

Charge my credit card below for payment in full \$360.00

**Monthly Payment Plan Option (credit card only): \$360.00**

An initial one-time payment of \$200.00 is required. The balance will be charged at \$30.00 per month. Your membership will automatically renew on your annual anniversary date thereafter. You will be notified by mail in advance of your renewal anniversary date where you will have the option of continuing with the payment plan or changing your payment method.

Disclosure:

By selecting the Monthly Payment Plan option, my signature on this form hereby authorizes HBA of Lenawee County to charge my credit card on a monthly recurring basis at the rate shown. After twelve (12) months, I may opt out by providing thirty (30) days written notice.

Charge my credit card for \$ \_\_\_\_\_ Circle: VISA, MasterCard, Discover, AmEx

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVC/CVV Code (3-digit # back of card): \_\_\_\_\_

Name on card: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_