



Membership Enrollment Form

Applicant _____ Job Title _____

Company _____

Cell Phone _____ Other Phone _____ Fax _____

Email _____

Street Address _____

City _____ State _____ Zip _____

Brief Description of Your Business _____

Sponsor's Name _____

Membership Classification

Please check one:

_____ \$500 New Builder Member

* BUILDER MEMBERS must provide a copy of your MSBOC business license. *

_____ \$500 New Associate Member

** ASSOCIATE MEMBERS are indirectly involved in homebuilding (banks, landscapers, utilities, building materials companies, etc. **

_____ \$294 New Affiliate Member

*** AFFILIATE MEMBERS are new members who are employed at the same company as an existing member. ***

ALL PRIOR MEMBERS WHO HAVE LAPSED AND DROPPED FROM RECORDS WILL BE CONSIDERED NEW MEMBERS.

Important Notices

Annual membership dues for builder members include \$15 for a one-year subscription to BUILDER Magazine. Members may not deduct subscription prices from total dues.

Consent: I agree to abide by the constitution and bylaws of the LOCAL Association to which this membership application is being directed, of the NATIONAL Association of Home Builders of the United States with which it is affiliated, and the STATE Association if such affiliation exists. A remittance of \$500 representing my annual membership dues accompanies this application.

I understand that dues payments are not deductible as charitable contributions for federal income tax purposes. However, dues payments may be deductible as an ordinary business expense, subject to exclusion for lobby activity. Because a portion of your dues is used for lobbying by NAHB (national) and HBAM (state), \$74.48 (2022) is not deductible for income tax purposes.

I understand that by providing the fax number above and signing this form, on behalf of my company/organization specified above, I consent to receive faxes sent by or on behalf of the National Association of Home Builders, and the affiliated state and local HBAs of which I am also a member. I further represent that I am authorized to give this consent on behalf of my company/organization.

Applicant Signature _____ Date _____

Payment information is on the second page.



662-349-0181



katie@hbanms.com
www.hbanms.com



5627 Getwell Road
Building C, Suite 6
Southaven, MS 38672



Payment Information

Please check one:

_____ Check Attached

_____ Charge to:

_____ Visa

_____ Mastercard

_____ Discover

_____ American Express

Card Number _____ Expiration _____

Name on Card _____

Signature _____

Street Address _____

City _____ State _____ Zip _____

Please return to Katie Ortkiese, Executive Officer, HBANMS at the address below.



662-349-0181

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